

**FORT BEND INDEPENDENT SCHOOL DISTRICT  
School Health Services  
TRANSPORTATION EMERGENCY PLAN**



School Year \_\_\_\_\_

Student Name \_\_\_\_\_

ID# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Nurse-Trained Diabetes Personnel \_\_\_\_\_

Contact # \_\_\_\_\_ Cell # \_\_\_\_\_

**Emergency Contact Information**

Legal Guardian: (relationship to student):	Home ( )	Work ( )	Pager ( )
Legal Guardian: (relationship to student):	Home ( )	Work ( )	Pager ( )
Emergency Contact #1 (relationship to student):	Home ( )	Work ( )	Pager ( )
Emergency Contact #2 (relationship to student):	Home ( )	Work ( )	Pager ( )

**STUDENT SPECIFIC SIGNS OF LOW BLOOD SUGAR:**

\_\_\_\_\_

\_\_\_\_\_

**ACTIONS:**

1. Allow juice / snack
2. Call ambulance if student cannot swallow

**Never send a child with suspected low blood sugar anywhere alone.  
Have the student sit at the front of the school bus in view of the driver.**

**NECESSARY DIABETES EQUIPMENT REQUIRED BY THIS STUDENT:**

\_\_\_\_\_

\_\_\_\_\_

**FORT BEND INDEPENDENT SCHOOL DISTRICT  
School Health Services**

**TRANSPORTATION EMERGENCY PLAN for:** \_\_\_\_\_

**LENGTH OF BUS TRIP TO SCHOOL:** \_\_\_\_\_

**LENGTH OF BUS TRIP FROM SCHOOL:** \_\_\_\_\_

**OTHER IMPORTANT INFORMATION:**

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*I agree to inform the school nurse of any changes in the above information as they occur.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**GENERAL SIGNS OF LOW BLOOD SUGAR:**

**Mild**

- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Irritability
- Dizziness
- Sweating
- Drowsiness
- Personality change
- Inability to concentrate

**Moderate**

- Headache
- Behavior change
- Poor coordination
- Blurry vision
- Weakness
- Slurred Speech
- Confusion

**Severe**

- Loss of consciousness
- Seizure
- Inability to swallow