Type 1 Diabetes Emergency Action Plan

Personal Information

Name:

Date of Birth:

Emergency Contact Name:

Emergency Contact Phone:

Medical Information

Diabetes Care Team Contact:

Insulin Type(s):

Usual Insulin Dosage:

Allergies:

Other Important Medical Information:

Hypoglycemia (Low Blood Sugar) Symptoms

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Hypoglycemia (Low Blood Sugar) Action Plan

1.
2.
3.

Hyperglycemia (High Blood Sugar) Symptoms

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-
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Hyperglycemia (High Blood Sugar) Action Plan

1.
2.
3.

Other Instructions

Signatures

Name	Relationship	Date