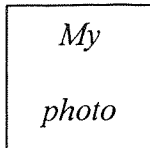


Diabetes ID Card for Field Trips/Teachers



My name is _____

I am _____ years old and I HAVE DIABETES

This means that my pancreas does not make insulin. Without insulin, the food I eat cannot be used for energy. To treat diabetes, I must take insulin everyday and also try to balance my activity level and the food I eat. Several times a day I must check my blood sugar level using a special meter I always have with me. It's important that you understand some facts about diabetes while I'm in your care. Please read this and keep it nearby.

FACT 1: MEALS AND ACTIVITY

My blood sugar is affected by the food I eat, the amount of activity I get and the amount of insulin I take. Please make sure that:

- my meals and snacks are eaten on time
- I eat my meals at _____, _____, _____
- I may need an extra snack before, during, or after a strenuous activity. I will check my blood sugar to see if I need to eat. So please allow me to do this.

FACT 2: LOW BLOOD SUGAR REACTIONS

Occasionally, my blood sugar may be too low (insulin reaction). A reaction is most likely to occur: just before lunch, right after strenuous activity, or if my meal is delayed, or if I don't eat enough food.

If my blood sugar goes too low, I will have the following symptoms or signs: _____

- If this happens **I NEED SUGAR IMMEDIATELY!**
 - you can give me _____
 - you will find this _____
- If I'm not better in 10-15 minutes, give me _____
- I will need to check my blood sugar if possible.
- If my blood sugar drops too low, I may become sleepy, unconscious, or have a seizure.

DO NOT TRY TO FEED ME. INSTEAD CALL 911 or call _____
at _____ (phone #) to give me **GLUCAGON** by injection. If this happens, please call my parents.

EMERGENCY NUMBERS:

Mother Phone

Father Phone

Other (relationship) Phone