

Safe Diabetes Sitter Guide

Today's Date: _____
Parent(s) Name(s): _____
Child(ren)'s Name(s): _____
Parent(s) Cell Phone Number: _____
This home's address: _____
Cross-streets to tell 911 operator: _____
This home's phone number: _____
Location of where parent(s) will be: _____
Phone number of location where parent(s) will be: _____

Times to check blood glucose (BG): _____
Target Range: _____

High BG reading: _____
Signs of a high BG: _____
What to do when BG is high: _____

Low BG reading: _____
Signs of a low BG: _____
What to do when BG is low: _____
(Note to parent(s): list fast-acting carbs i.e., juice, gel, glucose tabs and how much to give.)

Severely Low BG reading: _____
Signs of a severely low BG: _____
What to do when child is unresponsive: _____

Location of glucagon and when to administer: _____
When to call 911: _____

Insulin Instructions. Indicate when to take insulin and how much.

Meal/Snack Times: _____
Food to be served: _____
Alternative Foods (if child refuses to eat): _____

High Alert Situations - ALWAYS CALL PARENT(S) IF ANY OF THE FOLLOWING OCCURS

- Child had a severe low blood glucose
- Child starts to vomit
- Child took insulin but refuses to eat
- Other situations: _____

Reminders:

- Watch for signs of low BG while playing/being active
- If you leave the house, take blood glucose checking supplies, insulin (if necessary) and snacks with you
- Always call parent(s) with any questions

