

For Our Babysitter

IN CASE OF EMERGENCY

(additional contact info below)

TESTING AND TREATMENT

Testing and treatment supplies are located: _____

Please test blood sugar at the following times: _____

In-range blood sugar is between _____ and _____

Low blood sugar is between _____ and _____

Signs of low blood sugar are often (but not limited to) the following:

In the case of low blood sugar, please give: _____

which is located _____

Extremely low blood sugar is anything below _____.

In the case of extremely low blood sugar, please do the following:

High blood sugar is anything above _____.

Signs of high blood sugar are often (but not limited to) the following:

In the case of high blood sugar, please do the following:

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MEALS

Typical meal schedule:

	Time	Foods	Insulin dose
Breakfast	_____	_____	_____
		_____	_____
Lunch	_____	_____	_____
		_____	_____
		_____	_____
Dinner	_____	_____	_____
		_____	_____
		_____	_____
Snacks	_____	_____	_____
		_____	_____
		_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Notes: _____

Allergies: _____

CONTACT INFO

My cell number: _____

Alternate nearby contact: _____

Second alternate nearby contact: _____

Doctor's contact info: _____

Please note that this is not a complete list. It is only intended as general guidance. Content was developed by Disney and reviewed in consultation with Lilly USA, LLC.