

IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

Diabetic Emergency Contacts

Student's Name: _____ **DOB:** _____

Address: _____

Grade/ Teacher: _____

Date of Plan: _____

Emergency Contact Information

Mother/Guardian: _____

Email address: _____ **Home phone:** _____

Work phone: _____ **Cell phone:** _____

Father/ Guardian: _____

Email address: _____ **Home phone:** _____

Work phone: _____ **Cell phone:** _____

Student's Health Care Provider:

Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Hospital preference in case of emergency: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Home Phone: _____ **Cell phone:** _____

School Nurses: IES/IMS- Heather Lambert BSN, RN, LSN (740) 532- 2209 ext. 4
IHS: Marsha Wagner BSN, RN, LSN (740) 532- 3911 ext. 6