

# Extracurricular Emergency Medical Information Form

\_\_\_\_\_ Public School

Note: The school nurse is not present during before- or after-school programs.

Activity/Sport: \_\_\_\_\_ Adult supervisor: \_\_\_\_\_

Student: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

My child has the following medical condition that may require immediate attention (**911**) at after-school athletics.

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Allergy to: _____<br>requires Epi-Pen or Epi-Pen Junior ( <i>please circle</i> ) | <input type="checkbox"/> Diabetes     |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Seizures     |
|   | <input type="checkbox"/> Other: _____ |

## ACTION PLANS

### Allergic Reaction

(examples of some of the symptoms include) Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of any body part.

**Action plan:** Call **911** and assist child in using Epi-Pen if prescribed and available.

### Asthma

Student has difficulty breathing, wheezing, and shortness of breath.

**Action plan:** If the student has their inhaler, allow them to use it. If no relief of symptoms in 5 minutes, **call 911**.

**If no inhaler available, call 911 immediately.**

### Diabetes

Low blood sugar reaction—hunger, sweaty, pallor, headache, feels shaky.

**Action plan:** Allow student to drink a juice box or regular soda, or eat glucose tablets or a snack from their emergency snack pack. Have student test their blood glucose level and record number. If not change in symptoms in 5 minutes, **call 911** and have child repeat all of the above.

### Seizure

Altered consciousness, involuntary muscle stiffness or jerking movements, drooling/foaming at the mouth, temporary halt in breathing, loss of bladder control.

**Action plan:** Protect student from falling. **Call 911**. Never put anything in the student's mouth.

**Parent/Guardian child-specific instructions:**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_