

Emergency Medical Form for Field Trip/Extra-Curricular Events / After School Clubs

School Nurse to preview all lists of Attendees for all Events in advance. Field Trip/Events that include Students with Individualized Health Care Plans (IHCP) that require access to a Nurse, will be assigned a Nurse

Activity/Sport: _____ **Adult Supervisor** _____
Student Name: _____ **Address:** _____ **Phone:** _____
Parent/Guardian Cell Phone: _____ **Work Phone:** _____
Parent/Guardian Cell Phone: _____ **Work Phone:** _____

My Student has the following medical condition that may require a Nurse at the event, or immediate attention (911) at school sponsored field trips/school events that occur outside of the school day:

Please circle: My student:

- Has no current Medical diagnosis:** _____ **Date** _____
- Allergy: Yes** ____, **No** ____, **Allergic to:** _____ **-Requires Epinephrine: Yes** __ **No:** __
- Asthma: Yes** ____, **No** ____
- Diabetes: Yes** ____, **No** ____
- Seizures: Yes** ____, **No** ____
- Other Medical diagnosis:** _____
- Specific instructions for My student:** _____
- My Students Nursing Care Plan for School Requires Access to a Nurse: Yes** __, **No** ____

Info from Sample Action Care Plans for the following Medical Diagnosis:

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 Epinephrine, if prescribed and available. Do not allow the child to lie down after epinephrine administration.

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 five (5) minutes, call 911. If no inhaler is available, call 911 immediately.

Diabetes: Low blood sugar reaction- hunger, sweaty, pallor, feels shaky, headache. Action Plan: Allow students to drink a juice box or regular soda, or eat glucose tablets or a snack from his/her emergency snack pack. Have student test their blood glucose level and record number. If no change in symptoms in five (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 or injuring any body parts, call 911. Never put anything into the student's mouth.

Parent/Guardian Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____

This forms is based on Mass Regulation 105 CMR 210, link to E book, page 45:
<https://cme.bu.edu/sites/default/files/media/2023-08/Medication%20Delegation%20Ebook-FINAL-V2-8-2023.pdf>, last updated August 2023; If training on EPI, or med delegation to a non-nurse MPS staff person is required, or if access to a Nurse is required, info from student care plan will be provided to Assign Staff and maintained with this completed form. These Emergency forms will be maintained by the Adult staff person that is responsible for the Field trip/School event.