

Extra-Curricular Emergency Medical Information Form

(to be turned in directly to the appropriate club advisor)

THE SCHOOL NURSE IS NOT PRESENT DURING BEFORE/AFTER SCHOOL PROGRAMS

Activity: _____ Adult Supervisor _____

Student Name: _____

Address: _____ Home Phone: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

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My child has the following medical conditions that may require immediate attention during extracurricular activities. Please check those that apply.

- Asthma Diabetes Seizures Severe allergy to _____
(prescribed Epinephrine autoinjector)
- Other: _____

After-school emergency action plans (please note students are responsible for carrying their own inhalers, glucose tabs or snacks and Epinephrine auto-injectors and/or providing back-ups to the advisor):

Allergic Reaction: One or more of the following symptoms may occur after being exposed to the allergen; difficulty breathing, wheezing, difficulty swallowing, hives/rash, itching or tingling of mouth or throat, swelling of any body part.

Action: Assist the student in administering the auto-injector and then call 911. Staff may directly administer the auto-injector if trained.

Asthma: Student feels short of breath, has difficulty catching their breathing, is wheezing, or complains of feeling chest tightness.

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 available, call 911 immediately.

Diabetes: Low blood sugar reaction- hunger, sweaty, pallor, feels shaky, headache.

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 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 or foaming at the mouth, temporary halt in breathing, loss of bladder control.

Action Plan: protect student from falling, call 911. Never put anything into the student's mouth.

Parent/Guardian child specific instructions: _____

Authorization for Treatment

I hereby give permission to Masconomet appointed personnel and emergency responders to provide first aid and emergency transportation to my child (named above) in the event of sudden illness or injury.

Parent signature: _____ Date: _____