



## Extra-Curricular Emergency Medical Information Form

The school nurse is not present during after-school programs

Activity: \_\_\_\_\_ Adult Supervisor: \_\_\_\_\_

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

Address: \_\_\_\_\_

### Parent/Guardian Telephone Contact Information

Call 1<sup>st</sup> - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Call 2<sup>nd</sup> - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

My child has the following medical condition that may require immediate attention (911) during after school programs. *(Please fill in or check all that apply.)*

Allergy to: \_\_\_\_\_

Requires EpiPen® or EpiPen Jr.®

Asthma

Diabetes

Seizures

Other: \_\_\_\_\_

**(OVER: See reverse side for Emergency Action Plan)**

### Emergency Action Plan

- **ALLERGIC REACTION**: Signs and symptoms may include difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of any body part.  
**Action Plan: Administer or assist child to administer EpiPen if prescribed. Call 911.**
  
- **ASTHMA**: Signs and symptoms may include difficulty breathing, wheezing, shortness of breath.  
**Action Plan: Allow child to administer their inhaler if prescribed. If no relief of symptoms in 5 minutes, call 911. If no inhaler is available, call 911.**
  
- **DIABETES**: Signs and symptoms of low blood sugar may include hunger, sweaty, pale color, headache, feels shaky, weak.  
**Action Plan: Allow student to drink a juice box or regular soda, or eat glucose tablets or a snack from their snack pack. Have student test their blood glucose level and record number. If no improvement in symptoms in 5 minutes - call 911 and have child repeat all of the above.**
  
- **SEIZURE**: Signs and symptoms may include loss of, or altered consciousness, involuntary muscle stiffness or jerking movements, drooling/foaming at the mouth, temporary absence of breathing, loss of bladder control.  
**Action Plan: Protect child from injury by gently holding/cushioning head, move objects away from area, call 911. Do not try to put anything into the student's mouth. Time the seizure.**

**Parent/Guardian child specific instructions:**

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**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_