

**Weymouth Public Schools
Extra-Curricular Emergency Medical Information Form**

The school nurse is not present during after school programs

Activity/Sport: _____ **Adult Supervisor** _____

Student Name: _____

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/activities. **Please circle:**

Allergy to _____ **requires Epi-Pen or Epi-Pen Jr.** **Asthma** **Diabetes** **Seizures**

Other: _____

Action Plan

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 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/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: _____

Parent signature: _____ **Date:** _____