Before And After School Extra-Curricular Emergency Health Information Chelmsford Public Schools

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

It is the parents/guardian's responsibility to complete and distribute to the leader of each and all activities your child attends. (Make as many copies as needed).

Student Name:			
Address:	Home Phone:		
Parent/Guardian Cell Phone:			
Parent/Guardian Cell Phone:	Work Phone:		
My child has no ongoing medical issues that require medical i	intervention.		
My child has the following medical condition that may requir	re immediate attention	(911),	
Please circle:			
Allergy to requires Epi-Pen or Epi-Pe	en Jr. Asthma	Diabetes	Seizures
Other:	***************************************		
Allergic Reaction: (examples of some of the symptoms include) I wheezing, difficulty swallowing, hives, itching, swelling of any both Action Plan: Call 911 and assist child in using Epi-Pen if prescrib Asthma: student has difficulty breathing, wheezing, and shortness Action Plan: If the student has their inhaler, allow them to use it. I minutes, call 911. If no inhaler available, call 911 immediately. Diabetes: Low blood sugar reaction- hunger, sweaty, pallor, feels Action Plan: Allow student to drink a juice box or regular soda, of emergency snack pack. Have student test their blood glucose level symptoms in five (5) minutes - call 911 and have child repeat all of Seizure: Altered consciousness, involuntary muscle stiffness or jet the mouth, temporary halt in breathing, loss of bladder control. Action Plan: protect student from falling, call 911. Never put anyther parent/Guardian child-specific instructions: Parent/Guardian child-specific instructions:	ody part. oed and available. s of breath. If no relief of symptor shaky, headache. or eat glucose tablets of and record number. It if the above. rking movements, dro thing into the student's	ns in five (5) r a snack from their f no change in oling, foaming at month.	
Parent Signature:		Date:	