



# Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

## SCHOOL SPONSORED EXTRACURRICULAR HEALTH SAFETY PLAN

**\*Note: The school nurse is not present during before or 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 at after/before school activities. Please circle all that apply:

Allergy to: \_\_\_\_\_ requires Epinephrine auto-injector: 0.30mg \_\_\_\_\_ .15mg \_\_\_\_\_

Asthma          Diabetes          Seizure disorder

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

### **Action Plan**

**Allergic Reaction:** Examples of possible symptoms include: Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, and swelling.

**Action Plan:** Call 911 and assist child in using epinephrine auto injector if prescribed and available

**Asthma:** Difficulty breathing, wheezing, shortness of breath, and/or chest feels tight

**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 reactions: hunger, sweaty, pallor, feels shaky, headache.

**Action Plan:** Allow student to drink a juice box or regular soda; eat 3-4 glucose tablets or have a snack from an emergency snack pack. Call parents to inform them of symptoms. Have student check their blood glucose level and record number. If no change in symptoms call parent and have them pick child up. Repeat snack and blood sugar check until parent arrives. If student is unconscious due to low blood sugar call 911 immediately.

**Seizure:** Altered consciousness, involuntary muscle stiffness or jerking movements, drooling, temporary halt in breathing, loss of bladder control.

**Action Plan:** Protect student from falling or hitting head, never put anything into student's mouth and do not attempt to restrict movements. Call 911

Parent/Guardian child specific instructions: \_\_\_\_\_

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

Program Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_