

New Bedford Public Schools
After School
Emergency Medical Information Form

Activity: _____ Adult Supervisor: _____

Student Name: _____ DOB: _____

Address: _____ Home Phone: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Emergency Contact (Name): _____ Emergency Contact Number: _____

I give my permission for _____ to participate in a school sponsored after school activity.
Student's Name

Activity, location, date and times:

Medical Information

My child has the following medical condition/s. Please circle:

Asthma Diabetes Seizures Heart Condition Other _____

Allergy to _____. My child *requires or does not require* an Epi-Pen. (circle one)

Please describe all illnesses which your child is currently receiving treatment and/or medications? Please describe illness and list medications. _____

Parent/Guardian child specific instructions: _____

I understand that a School Nurse will not be present during before or after school programs. Therefore, it is my responsibility to inform the adult supervisor of any changes in my child's health status.

Parent/Guardian signature: _____ Date: _____

*****See reverse for action plan*****

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.