

SAINT JOHN THE BAPTIST SCHOOL

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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 1st - Name: _____ **Relationship:** _____

Home: _____ **Cell:** _____ **Work:** _____

Call 2nd - 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: _____

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:

Parent Signature: _____ **Date:** _____