

Sandwich Public Schools

Emergency Action Plan for Extra-Curricular Activities 2023-2024 School Year

Note: The school nurse is not present during any before or after school programming

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 programs. **Please circle:**

Epinephrine: allergy to: _____ 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. Contact parent immediately. 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: _____