Canton Public Schools Extracurricular Emergency Medical Information Form

PLEASE NOTE- There is no nurse on duty during after-school programs. In the event of an emergency, 911 will be called.

Activity/Sport:_____**Supervisor:** _____

Student Name: _____**Grade:**_____

Address: _____ **Home Phone**:_____

Parent/Guardian #1 Name/Cell:_____**Parent/Guardian #2 Name/Cell:**_____

MY CHILD HAS THE FOLLOWING MEDICAL CONDITION(S) THAT MAY REQUIRE IMMEDIATE ATTENTION (911) DURING AFTER-SCHOOL ATHLETICS/ACTIVITIES:

Allergy to: _____
Does your child have an EpiPen prescribed? Yes No

Please circle all that apply:

Asthma Diabetes Seizure Disorder Cardiac Disorder

Other:_____

***If your child has been approved by their parent/guardian, physician, and the school nurse to self-carry an EpiPen or inhaler, please ensure they bring it with them to all after-school program activities.**

******ACTION PLANS FOR AFTER-SCHOOL STAFF******

Allergic Reaction: (examples of some symptoms include) Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of the lips/tongue, nausea/vomiting, abdominal pain.
Action Plan: **Call 911 and assist the child in using Epi-Pen if prescribed and available.**

Asthma: The Student has difficulty breathing, wheezing, and shortness of breath.
Action Plan: If the student is experiencing SEVERE difficulty breathing and has their inhaler, allow them to use it. If there is no relief of symptoms in five (5) minutes, **call 911. If no inhaler is available, call 911 immediately.**

Diabetes: Low blood sugar reaction- hunger, sweating, pallor, shakiness, headache, acting disoriented.
Action Plan: IMMEDIATELY have the student drink a juice box, eat glucose tablets, or snack from their emergency snack pack. If able, have the student test their blood glucose level and record the number. Call parent/guardian and inform them of low blood sugar, treatment, and BG level if available. If there is no change in symptoms in five (5) minutes **- CALL 911 and have the 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 the student from injury. If able, assist the student to the ground and turn the student on their side. **CALL 911. Never put anything into the student's mouth.**

******WHEN IN DOUBT, CALL THE STUDENT'S PARENT/GUARDIAN OR 911******

****Please note- Parents/Guardians are responsible for providing any medications and medical information to the program coordinator for ALL after-school activities/athletics.**
Parent/Guardian child specific instructions:_____
_____
_____

Parent/Guardian signature: _____ **Date**:_____

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