

Plymouth Public Schools

Emergency Action Plan for Extra-Curricular Activities 2021 – 2022 School Year

Note: The school nurse is not present during any after school athletic 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) during after-school athletics and/or during any after school extra-curricular activity.

Please circle:

Allergy to _____ requires Epi-Pen or Epi-Pen Jr. 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. If no change in symptoms in five (5) minutes - call 911 and have child repeat all of the above
- **Seizure Disorder:** 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: _____