

# Plymouth Public Schools

## Emergency Action Plan for Extra-curricular Activities

2017 - 2018 School Year

***Note: The school nurse is not present during any after school athletic programming***

Activity/Sport: \_\_\_\_\_

Adult Supervisor/Coach \_\_\_\_\_

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 athletics/activities.

**Please circle one of the following:**

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:** 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: \_\_\_\_\_