Non-School Hours Health Directive
Chelmsford Public Schools

Note: The school nurse is <u>not present</u> when after school extra-curricular programs meet.
It is the parents/guardian's responsibility for the safety of your child to complete and distribute this form to the leader of *each after school activity your child attends*. (Make as many copies as needed).

Student Name: _____

Address: _____   Home Phone: _____

_____

Parent/Guardian Cell Phone: _____   Work Phone: _____

Parent/Guardian Cell Phone: _____   Work Phone: _____

◯   My child has no ongoing medical issues that require medical intervention.

◯   My child has the following medical condition that may require immediate attention (911),

Please circle:

Allergy to _____   requires/ EpiPen or EpiPen Jr.   Asthma   Diabetes   Seizures

Other: _____

Plans of Action for Responsible Adult:

<u>Allergic Reaction:</u> (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. Then notify parent

<u>Asthma:</u> 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. ***** Notify parent

<u>Diabetes:</u> Low blood sugar reaction- hunger, sweaty, pallor, feels shaky, headache.
Action Plan: Allow student to drink a juice box or regular soda, or eat 2 glucose tablets or regular juice (not sugar free) 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. ***** Notify parent

<u>Seizure:</u> 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 month. ***** Notify parent

Parent/Guardian child-specific instructions: _____

_____

Parent Signature: _____ Date: _____

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