

# Non-School Hours Health Directive

## Chelmsford Public Schools

**Note: A school nurse is not present at before, during or after school extra-curricular programs. 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: \_\_\_\_\_

### Circle Plan of Action for Responsible Adult:

**Allergic Reaction:** Difficulty breathing, wheezing, difficulty swallowing, hives, itching, swelling of any body part, cough, nausea, red eyes)

**Action Plan:** Remind student to wash hands and check labels prior eating.

Assist child in using their EpiPen if available. **Call 911** and then notify parent

**Asthma:** (difficulty breathing, wheezing)

**Action Plan:** Remind student to bring their inhaler and 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

**Diabetes:** (Low blood sugar reaction- hunger, sweaty, pallor, shaky, headache)

**Preparation:** Remind student to have available a blood sugar testing kit and quick acting sugar snacks.

**Action Plan:** If student experiences symptoms of low blood sugar he/she will test their blood sugar and eat a quick acting sugar snack (e.g., 4 glucose tablets or 1 juice box or soda) In 15minutes, if no relief of symptoms student to consume additional snack and recheck blood sugar in 15min. Notify Parent. **Call 911** if student unresponsive.

**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 or injuring self. Never put anything into the student's month. **Call 911.** \* Notify parent

Parent/Guardian child-specific instructions: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_