

**WORCESTER PUBLIC SCHOOLS  
NURSING DEPARTMENT**

**Extra-Curricular Health Safety Plan**

**\*Note: The school nurse is not present during before or after school programs**

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 at after/before school activities. Please circle all that apply:

Allergy to \_\_\_\_\_ requires Epi-Pen or Epi-Pen Jr.    Asthma    Diabetes    Seizures

Other: \_\_\_\_\_

**Action Plan**

**Allergic Reaction:** Examples of possible 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 EpiPen if prescribed and available.

**Asthma:** Difficulty breathing, wheezing, shortness of breath, and/or chest feels tight.

**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; eat glucose tablets or a snack from their emergency snack pack. **Call parent to inform them of symptoms.** Have student test their blood glucose level and record number. If no change in symptoms call parent and have them pick child up. Repeat snack and blood sugar check until parent arrives. **If student is unconscious due to low blood sugar call 911 immediately.**

**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 hitting head, never put anything into the student's mouth, and do not attempt to restrict movements. **Call 911.**

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

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

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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