

**WORCESTER PUBLIC SCHOOLS
NURSING DEPARTMENT**

Extra-Curricular and Field Trip Health Safety Plan

The school nurse is not present during before or after school programs.

A nurse will not be present during field trip scheduled on ___/___/___

Activity/Sport/Field Trip _____ 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 Epi-Pen 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, pale, 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: _____

Field Trip Report for Student with Diabetes: FSBS _____ at _____ AM/PM

FSBS _____ at _____ AM/PM

FSBS _____ at _____ AM/PM

Insulin: _____ Units given at _____ AM/PM

Ketones: _____

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Administrator Signature: _____ Date: _____