



EMERGENCY MEDICAL INFORMATION FORM

Note: The school nurse may not be present during GCVS outings and picnics.

Student Name			
Address			
Home Phone			
Parent/Guardian Name			
Cell Phone		Work Phone	
Parent/Guardian Name			
Cell Phone		Work Phone	

MEDICAL CONDITION INFORMATION

My child has the following medical condition that may require immediate attention (911) at outings/picnics.				
<input type="checkbox"/>	Allergy to: _____	<input type="checkbox"/>	Diabetes	
	Requires: <input type="checkbox"/> Epi-pen <input type="checkbox"/> Epi-pen Junior			
<input type="checkbox"/>	Carries Epi-Pen (please check one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Seizures
<input type="checkbox"/>	Asthma			<input type="checkbox"/> Other:
<input type="checkbox"/>	Carries inhaler (please check one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	

ACTION PLANS

<p>Allergic Reaction: Examples of some of the symptoms include: Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of any body part.</p> <p>Action Plan: Call 911 and assist child in using Epi-Pen if prescribed and available</p>	<p>Diabetes: Low blood sugar reaction – hunger, sweaty, pallor, headache, feels shaky.</p> <p>Action Plan: Allow student to drink a juice box or regular soda, or eat glucose tablets or a snack from their emergency snack pack. If no change in symptoms in 5 minutes, call 911 and have child repeat all of the above.</p>
<p>Asthma: Student has difficulty breathing, wheezing, and shortness of breath</p> <p>Action Plan: If the student has their inhaler, allow them to use it. If no relief of symptoms in 5 minutes, call 911. If no inhaler, call 911 immediately.</p>	<p>Seizure: Altered consciousness, involuntarily muscle stiffness or jerking movements, drooling/foaming at the mouth, temporary halt in breathing, loss of bladder control.</p> <p>Action Plan: Protect student from falling. Call 911. Never put anything in the student's mouth.</p>

Parent/Guardian child-specific instructions:

Parent/Guardian Signature: _____

Date: _____