NASHOBA
Regional School District

EXTRACURRICULAR ACTIVITY REGISTRATION FORM

Student name: _____ School _____

Address: _____ Home phone: _____ Email: _____

Parent/guardian name: _____ Cell phone: _____ Work phone: _____

Parent/guardian name: _____ Cell phone: _____ Work phone: _____

Emergency contact: _____ Phone: _____

Activity/Club Name: Running Club Dates _____

My child has the following medical condition that may need immediate attention (EMS – 911):

ALLERGY TO: _____

Requires: _____ (auto-injector) Carries medications? _____ Located where? _____

Action Plan: For allergic reaction (examples of symptoms include: difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of face, lips, tongue). If the student has an epinephrine auto-injector, advisor administers or assists student to self-administer, and calls 911 and parent.

ASTHMA: Requires: _____ inhaler Carries medications? _____ Located where? _____

Action Plan: For difficulty breathing, wheezing, and shortness of breath. If inhaler present, advisor has student use it. If no relief of symptoms in five (5) minutes, advisor calls 911 and parent. If no inhaler available, calls 911 immediately.

DIABETES: Emergency snack/juice/glucose tabs are located where? _____

Action Plan: For low blood sugar symptoms (hunger, sweating, pallor, shakiness, headache, confusion). Advisor assists student to drink a juice box or regular soda, or eat glucose tablets or a snack from their emergency snack pack. Student tests blood glucose level and records number. Advisor contacts parent. If no change in symptoms in five (5) minutes – advisor calls 911 and assists child to repeat all of the above steps.

SEIZURES: Requires: _____ Carries medications? _____ Located where? _____

Action Plan: For seizure activity (altered consciousness, involuntary muscle stiffness or jerking movements, drooling/ foaming at the mouth, temporary halt in breathing, loss of bladder control). Advisor assists child to comfortable position, moves objects away, protects from injury and calls 911 and parent. Never put anything into the student's mouth.

OTHER: and/or please add child-specific instructions: _____

_____

Parents are responsible for completing and returning to the school a Student Emergency and Health Record annually, an Extracurricular Activity Registration Form each session, and, if their child has a medical condition, providing medication orders and a health care plan to the school nurse. Parents are also responsible for ensuring that their child brings/carries his/her emergency medications to all extracurricular activities, or must provide a supply to the activity advisor.

Parent Signature: _____ Date: _____