

Newburyport Public Schools Emergency Health and Intervention Care Plan

Attach student
picture here

Student's Name: _____ School Year: _____
DOB: _____ Teacher: _____ Grade: _____

Allergic to: _____

Asthmatic: Yes No *If yes, please complete an Asthma Action Plan*

Reactions my child has experienced in the past are: **(Please Circle)**

- **Mouth** itching and swelling of the lips, or tongue
- **Throat** itching and or a sense of tightness in the throat, hoarseness, and cough
- **Skin** hives, itchy rash and or a swelling about the face or extremities
- **Gut** nausea, abdominal cramps, vomiting or diarrhea
- **Lungs** shortness of breath, repetitive coughing, or wheezing
- **Heart** "thready" pulse, passing out
- **Other** describe: _____

The severity of symptoms can change. All of these symptoms can be potentially life threatening.

If a reaction is suspected:

1. Give _____

Medication/Dose/ Route

2. **Call EMS 911 and state you have a person with an allergic reaction**

3. **Call parents/guardians:**

1. Name _____ Tel. # _____ Cell # _____

2. Name _____ Tel. # _____ Cell # _____

4. **Other Emergency Contact if parent/guardian is unavailable:**

Name _____ Relationship _____ Tel. # _____

Doctor's Name: _____ Tel. #: _____

Doctor's comments: _____

Does your child require a peanut/nut free: Classroom Yes No
Table in the cafeteria Yes No

Additional accommodations: _____

I give permission for school personnel to share my child's health information as needed:

Yes No

I consent to have the school nurse or school personnel designated by the school nurse carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as she determines appropriate for my child's health and safety.

Parent Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Health Office Use— Trained Staff: #1 _____ #2 _____ #3 _____

Final 1/2011

Notice: Newburyport Public Schools is concerned with the safety and well being of all its children. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after school personnel cannot deliver medical procedures or obtain or administer medications. Students with special health needs are encouraged to carry necessary items (e.g., inhalers, EpiPens) during these times. If your child requires specific assistance during an after school event please contact your child's school nurse for guidance.