



*Wachusett Regional School District*  
*Holden, Paxton, Princeton, Rutland, Sterling*

**EXTRACURRICULAR ACTIVITY REGISTRATION FORM**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Activity Supervisor : \_\_\_\_\_

Activity/Club Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Cell phone/home: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Cell phone/home: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Allergy to:** \_\_\_\_\_

**Requires:** \_\_\_\_\_ ( auto-injector) Carries? \_\_\_\_\_ Located \_\_\_\_\_

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

**Asthma :** Requires: \_\_\_\_\_ inhaler Carries? \_\_\_\_\_ Located \_\_\_\_\_

**Action Plan:** For difficulty breathing, wheezing, and shortness of breath. If inhaler is present, advisor has student use it. IF not 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 checks blood glucose level and records number. Advisor contact parent. If no change in symptoms in 5 minutes advisor calls 911 and assists child to repeat all of the above steps.

**Seizures:** Requires: \_\_\_\_\_

**Action Plan:** For seizure activity (altered consciousness, involuntary muscle stiffness or jerking movements, drooling, loss of bladder control). Advisor assists child to comfortable position, move objects away, protects from injury and calls 911 and parent. Do not put anything in child's mouth.

**Other:** describe and add child specific instructions: \_\_\_\_\_

**\*A nurse will not be on duty during this activity. Parents are responsible for completing and returning this form for each session. Parents are also responsible for ensuring that their child brings/carries his/her emergency medications to all school sponsored extracurricular activities or provide a supply to the activity advisor.**

ParentSignature: \_\_\_\_\_ Date: \_\_\_\_\_

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