

**POLICY: 410. COCURRICULAR POLICY STATEMENT**

In the event that school has been canceled due to inclement weather, all student activities shall be canceled. Student activities and athletic practices scheduled at alternate sites off school grounds are prohibited.

The activities director is the designated individual authorized to allow an exception to this policy procedure.

**POLICY: 440. STUDENT FUNDRAISING ACTIVITIES**

**GUIDELINES FOR STUDENT FUNDRAISING ACTIVITIES**

Board-approved student classes, clubs or organizations shall conduct fundraising activities in accordance with the following guidelines:

1. The building principal and/or activities director shall have the authority and responsibility to approve, coordinate and control all fundraising activities within his/her building.
2. Only Board-approved student classes, clubs or organizations that have been assigned an advisor, elected members to serve as officers, have a Board-approved purpose and hold regular meetings may conduct fundraising activities.
3. The advisor of a student class, club, or organization interested in conducting a fundraising activity shall submit an application to the building principal and/or activities director prior to September 20th, if at all possible.
4. The building principal and/or activities director shall coordinate requests to avoid duplication of fundraising activities within his/her building and between district schools.
5. The class, club, or organization advisor shall be responsible to organize the fundraising activity in a thorough fashion to ensure the collection of all funds or goods is accounted for. He/she shall also be responsible for all funds handled.
6. Each student class, club, or organization may conduct not more than two fundraising activities per school year.
7. All funds collected shall be recorded, deposited, and expended in accordance with established procedures.
8. Advisors not receiving authorization to conduct a fundraising activity may appeal the building principal's decision to the superintendent.

**POLICY: 441. STUDENT ACTIVITY FUNDS MANAGEMENT**

1. Each class, club, or organization shall be assigned a faculty advisor who shall be responsible to the principal. Upon the annual election of officers, each class, club, or organization shall submit a listing of officers to the District office.
2. The class, club, or organization treasurer and faculty advisor shall be responsible to the principal for the following:
  - a. Documenting the collection and disbursement of all activity funds; and
  - b. Turning all funds and documentation over to the District office as soon as possible.
3. The collection or raising of funds by classes, clubs, or organizations must have the approval of the principal. Funds shall be deposited in the School District account. Any interest earned on deposits shall be credited to each individual account at the end of the fiscal year based on the average account balance through the year.
4. Disbursements of class, club, or organization funds may be made only with the approval of the faculty advisor and principal. Disbursements shall be requested via a warrant, which requires the principal's approval. Expenditures over \$3,000 to organizations outside of Arrowhead High School shall need Administrative Team approval. The business manager shall be responsible for updating individual Activity Fund Balances on a monthly basis.
5. The business office is responsible for assigning appropriate account numbers for each student activity account.
6. At the end of the school/fiscal year, all balances of class, club, or organization funds shall be carried over to the next school year with the exception of the graduating class fund balance. The graduating class, after covering the expenses and activities of the class, shall designate how any remaining balance shall be disposed of or spent. This designation must be made in writing to the high school principal before the end of the school year. Any funds that remain in a class treasury at the end of the fiscal school year of graduation shall be transferred to the general fund.
7. It is recommended that no student, club, or organization shall be allowed to operate with a negative balance. Special exceptions may be made with the approval of the principal based on a reasonable expectation that such negative balance is a temporary condition that shall be corrected by incoming receipts.
8. If an account has had no activity for 12 months, the account shall be considered inactive. Any funds remaining in an inactive account shall be transferred to the general fund, and the inactive account shall be closed.

**POLICY: 450. FIELD TRIPS**

The Board encourages the use of student trips that have an educational objective and do not jeopardize the welfare of participating students. All field trips must have approval of the administration prior to student solicitation. Non-curricular, extended field trips and foreign study tours require Board authorization and no fiscal expenditures by the District. Requests for international travel must be submitted at least six months before the intended travel is to commence. Only trips that receive the approval of the Board of Education will be considered to be school-sanctioned trips. The superintendent shall have the authority to cancel any trip for extenuating circumstances that may jeopardize the health or safety of the students or chaperones. All financial obligations resulting from a cancellation will be the sole responsibility of the parent(s) and/or student. All non-district staff serving as chaperones on the foreign study tours must have background checks.

**I. EXTENDED FIELD TRIPS OR FOREIGN STUDY TOURS (PRIOR TO STUDENT SOLICITATION)**

1. The Board must authorize all extended field trips (three or more overnights) or foreign study tours for students. All out of state trips require administrative approval. There shall be no fiscal expenditures by the District.
2. These trips consist of two categories:
  - a. Those trips approved by the Board and considered to be part of the recognized curriculum.
  - b. Those trips organized by faculty members acting as independent agents involving students on a volunteer self-supporting basis. Full responsibility for privately planned tours lies with the individual and agency sponsoring them. Trips of this nature are to be in compliance with Policy: 1032. Fundraising by Outside Organizations.
3. An employee who proposes an extended field trip or foreign study tour must present his/her proposal to the building principal and superintendent at least 7 months in advance of the trip. The following information shall be provided in the proposal:
  - a. The purpose and/or objective of the activity.
  - b. A full disclosure of all financial arrangements, including economic benefits provided by airlines, hotels and all other vendors.
  - c. The names of the personnel who shall be supervising the tour. The organizer must be an employee of the District, and additional supervisor/chaperones are to be approved adults and present in a ratio that is acceptable to the administration.
  - d. Information as to the cost per student and what is included in this cost.
  - e. Information as to the length of time, including departure and return times and dates, distance and method of travel. All transportation must be by bonded carrier.
  - f. Provisions for the return/responsibility of those that violate school rules as defined in the Student/Parent Information Guide and Directory, Trip Guidelines, or State Statutes.
  - g. A list of potential participants must be provided to the building principal along with any changes that may have occurred in the above information.

4. Responsibilities of Supervisors and/or Chaperones on overnight and out-of-state trips.
  - a. All overnight and out-of-state trips that extend beyond a five-hour driving radius have to be approved by the Board of Education.
  - b. Parental approval forms for the overnight or out-of-state trip must be completed and returned to the building principal.
  - c. Names of students attending must be made available to the office.
  - d. Chaperones must review with the students all rules and regulations which include bus rules, meeting rules, motel or hotel rules.
    - Go over meeting agenda
    - Meal times—must eat together
    - Morning attendance and assembly
    - Curfew and room check
    - Departure time and return
    - Meeting attendance
    - Inform group that those who violate rules shall be disciplined accordingly
  - e. Chaperones must never leave students unattended. In the event that a student, or group of students, need to be separated from the group, a minimum of two chaperones must be available for supervision purposes. A field trip is an extension of the classroom. It is not intended to be a free trip with no responsibilities for chaperones. Chaperones, as well as students, must keep this in mind.
  - f. If a field trip is co-ed, visitation in each other's rooms is permissible, under the condition that room doors must be open at all times.
  - g. Students must never leave the housing area.
  - h. The school rules defined in the Student - Parent Information Guide and Directory shall be in effect at all times.
  - i. Chaperones are responsible for the group; negligence in proper supervision shall develop into severe repercussions.
  - j. In the area of personal conduct, supervisors and chaperones must conduct themselves in a manner that not only reflects credit to the school system, but also sets forth a model worthy of emulation by students.
  - k. The superintendent must give his/her prior approval for any non-student (under school age may not participate) to accompany a supervisor or chaperone on an overnight field trip.
  - l. All chaperones shall sign a statement verifying that they have read and understand their responsibilities for the trip/activity. The supervisor shall submit the signed statements to the building principal prior to the trip/activity.

## II. STUDENT CONTESTS (Field trips for performing groups)

NOTE: The following policy pertains to performing groups such as choirs, bands, orchestras, forensic teams, debate teams, pom pon and cheerleading squads participating in events.

Whenever an academic or extracurricular team participates in an event outside normally scheduled activities, the team must have prior approval from the building principal. If this participation leads to competition involving travel, the building principal shall consider the request for approval 5 weeks in advance of the activity after the following information has been provided and the following conditions have been met:

1. Field trip request forms and procedures are available in the office.
2. The purpose and/or objective of the activity.
3. Evidence of advanced planning to ensure financial capability for the trip must be provided to the building principal. When district funds or fundraising are necessary, first priority shall be given to activities that are a direct outgrowth of an accredited class.

4. Dates of participation.
5. School days missed and total number of days of the trip.
6. Total cost of the trip, including food, lodging, cost per student and exactly what is included in the costs. All attempts must be made to assist students who may need financial help.
7. Who shall provide the funds? Shall a fundraiser be necessary?
8. Money from performances is to be placed in an activity account through the activities director. Payment of bus charges shall be made from this account and the balance shall be available for department purchases with business manager approval.
9. Will this trip promote a private or commercial interest?
10. Assurances are required that all travel must be by bonded carrier (certificate of insurance required), district vehicles, or other school-authorized transportation (Refer to IV). Does the trip extend beyond a five-hour radius?
11. List of participants, supervisors, and chaperones. Also, a list of names must be submitted to the office of students who are not making the trip.
12. How shall the primary educational goal of the school and the needs and interests of the students be served?
13. Responsibilities of Supervisors and Chaperones on School Field Trips.
  - a. Upon approval, the advisor must present names of those making the trip to the office.
  - b. Roll call must be taken prior to the departure of the bus.
  - c. The school rules defined in the Student-Parent Information Guide and Directory shall be in effect at all times.
  - d. The supervisor and chaperones must maintain high expectations for student behavior at the site of the field trip.
  - e. Prior to returning to school, roll call must be taken. Students absent shall be reported to the office immediately.
  - f. Any student not conforming to supervisor or chaperone's wishes shall be reported to the office.
  - g. Inform students in advance where to meet if anyone is separated from the group.
  - h. All chaperones shall sign a statement verifying that they have read and understand their responsibilities for the trip/activity. The supervisor shall submit the signed statements to the building principal prior to the trip/activity.

### III. RESPONSIBILITIES OF SUPERVISORS AND CHAPERONES FOR ALL SCHOOL-RELATED ACTIVITIES

The following procedures must be adhered to by supervisors and chaperones when responsible for school-related activities:

1. When a supervisor who is responsible for a school-sponsored activity determines the need for chaperone(s), he/she shall be responsible for obtaining the appropriate number of chaperones. There must be one chaperone per 1:10-30 students; however, conditions relating to the students and to the activity may necessitate additional chaperones.
2. The supervisor in charge shall provide the respective building principal with a list of chaperones at least two weeks in advance of the scheduled activity.
3. Supervisors and Chaperones of school-related activities away from Arrowhead are a part of extra duties. Responsibilities and duties are:
  - a. Pick up rosters of students signed up to ride the bus in the office before boarding bus.

# PROCEDURE

- b. Take roll call just before departing time.
  - c. Be alert for suspicious items being taken aboard the bus, which may include alcohol, dangerous weapons, etc.
  - d. During the trip all students must remain seated.
  - e. Students using profanity or using vulgar language must be reported to the office.
  - f. On the return trip, roll call must be taken. Students must return with the student bus if they go on the bus. Students not returning must be noted and reported to the office immediately.
  - g. The supervisors and chaperones must also report any unusual behavior of students during the activity.
  - h. The school rules defined in the Student-Parent Information Guide and Directory shall be in effect at all times.
4. In addition, all chaperones must abide by the following:
- a. All chaperones are directly responsible to the supervisor in charge of the scheduled activity.
  - b. All chaperones must assume those responsibilities as designated by the supervisor in charge.
  - c. Chaperones must ride to and from the area of destination with the students in the same means of transportation provided for the students.
  - d. Chaperones must have a list of students and their home phone numbers on their person during the time they are responsible for the transportation and supervision of students.
  - e. Chaperones must abstain from the use of alcohol, controlled substances, or tobacco.
  - f. Chaperones must abide by procedures outlined by the supervisor in charge in cases of emergency.
  - g. Chaperones must refrain from transferring their role of a chaperone to another person.
  - h. Chaperones shall have their services as a chaperone terminated immediately in the event they violate any of the above stipulations.
  - i. In the event a chaperone becomes ill or incapacitated, the supervisor in charge shall reassign the responsibilities as appropriate. In the event the supervisor in charge becomes ill or incapacitated, he/she shall designate one of the other chaperones (must be certified school employee) as the person in charge. If there are no other certified chaperones, the supervisor in charge shall contact his/her respective principal or the activities director (as appropriate) for further direction. In the event it is impossible for the staff member in charge to function, one of the other chaperones shall call the respective building principal or activities director, as appropriate, for further direction.
  - j. All chaperones shall sign a statement verifying that they have read and understand their responsibilities for the trip/activity. The supervisor shall submit the signed statements to the building principal prior to the trip/activity.
5. School personnel who assume responsibility as a chaperone for the Ski Program shall abide by the following additional guidelines:
- a. First aid procedures for the respective ski hills must be submitted to the building principal/superintendent and approved prior to the trip. Supervisors and chaperones are responsible for following the approved procedures accordingly.
  - b. They must make every effort to supervise the students while they are skiing. Efforts must be made to maintain the skiers on the appropriate hills that correspond with the level of skill of the student.

# **PROCEDURE**

- c. If a student is injured to a point of having to have an auxiliary aid – splint(s), crutches, etc., or is obviously seriously hurt, the chaperone must call the student's parent(s)/guardian at the time the diagnosis is made.
- d. If a student needs to be transported directly from the ski site to a hospital, a chaperone must accompany the student. If necessary, arrangements must be made by the other chaperones to cover the responsibilities of the person who accompanied the student. If the student needs hospital attention upon return to Arrowhead, a chaperone must accompany the student to the local hospital whether the parent(s)/guardian is present or not.
- e. If the means of District-provided transportation back to school is being delayed beyond the normal departure time for any reason for more than 30 minutes, the supervisor must notify the bus driver who in turn must contact the Transportation Supervisor of the delay and expected arrival time back at Arrowhead.
- f. All chaperones shall sign a statement verifying that they have read and understand their responsibilities for the trip/activity. The supervisor shall submit the signed statements to the building principal prior to the trip/activity.

#### **IV. SELECTION OF TRAVEL AGENCIES/CARRIERS**

If a school trip requires the services of a travel agency/carrier, the building principal, in combination with the Director of Transportation, shall select an agency based on bids from at least three bona fide travel agencies/carriers. Each agency submitting a bid must present evidence that it:

1. Is capable of carrying out the requirements of the trip.
2. Has the approval of the American Society of Travel Agents.
3. Has satisfactory procedures for handling participant personal emergencies.
4. Has policies with cancellation provisions which meet the needs of the trip.
5. Assurances are required that all travel shall be by bonded carrier (certificate of insurance required), school district vehicles, or other school-authorized transportation.
  - a. The Director of Transportation - ADTC is to be consulted in regard to all travel arrangements.
  - b. No independent contracting is to take place unless directed to do so by the Director of Transportation.

#### **V. MEDICAL PROCEDURES**

In the event of an injury/illness, the attached Accident Report Form must be completed immediately. Care Plans must be provided for individual needs.



VI.

**SAMPLE  
RELEASE  
AND  
CONSENT  
FORMS**

# PROCEDURE

## AGREEMENT FOR PARTICIPANTS AND/OR VOLUNTEERS RELEASE AND DISCHARGE, ACCEPTANCE OF RESPONSIBILITY, AND ACKNOWLEDGMENT OF RISKS

This document affects your legal rights. You must read and understand it before initialing or signing it.

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

If under 18, name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Activity: \_\_\_\_\_ Date of activity: \_\_\_\_\_

I, the above named person being over age 18, or the legal guardian of the above named person who is under age 18, in consideration of the services of the Arrowhead Union High School (hence forward to be referred to solely as AUHS), the rate charged for those services, and the right to engage in this event as a participant and/or volunteer, hereby acknowledge, agree, promise and covenant with AUHS, \_\_\_\_\_, and all other persons or entities, and release and discharge AUHS, \_\_\_\_\_, and all other persons or entities, on behalf of myself, my heirs, parents and/or guardians, assignees, personal representative and estate as follows:

### **Acknowledgment of Risks**

I understand and acknowledge that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property or to spectators or other third parties. I understand and acknowledge that those risks may result in personal claims against AUHS, \_\_\_\_\_, or against me by spectators or other third parties. Among these risks are the following:

(1) the nature of the activity itself (particular risks of activity); (2) the acts of omission, negligent in any degree, of AUHS, its agents or employees, \_\_\_\_\_, and other persons or entities; (3) latent or apparent defects of conditions in equipment, animals or property supplied by AUHS, or other persons or entities; (4) acts of other participants in this activity, employees and agents of AUHS, \_\_\_\_\_, or other persons; (5) weather conditions; (6) contact with plants or animals; (7) my own physical condition, or my own acts of omission; (8) conditions of roads, trails, waterways, or terrain, and accidents connected with their use; (9) first-aid, emergency treatment or other services rendered; (10) consumption of food or drink; (11) (behavior, death or disease of animals).

I understand and acknowledge that the above list is neither complete nor exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness or disease, or damage to myself, to my property or to spectators or other third parties. I expressly accept those risks not specifically listed above as well.

### **Acceptance of Risks and Responsibility**

Being aware that this activity entails risks of injury to myself and a risk of injury to spectators or other third parties as a result of my actions, I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to myself or to my property arising from my participation in this activity. I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to AUHS, spectators, other third parties and their property arising from my participation in this activity. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks.

# PROCEDURE

## Release

I hereby voluntarily release and forever discharge AUHS, its agents or employees, \_\_\_\_\_, and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including specifically but not limited to the negligent acts or omissions of AUHS, its agents or employees, \_\_\_\_\_, and all other persons or entities, for any and all injury, death, illness or disease, and damage to myself or to my property. I further agree, promise and covenant to hold harmless and indemnify AUHS, its agents or employees, \_\_\_\_\_, and all other persons or entities from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which I may negligently cause to spectators or to other third parties in the course of my participation in this event.

I further agree, promise, and covenant not to sue, assert, or otherwise maintain or assert any claim against AUHS, its agents or employee, \_\_\_\_\_, and all other persons or entities, for any injury, death, illness or disease, or damage to myself or to my property, arising from or connected with my participation in this activity or from any claim asserted against me by spectators or other third parties. **IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS EVENT, I SHALL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST AUHS, OR ITS OFFICERS, AGENTS, EMPLOYEES, OR \_\_\_\_\_, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED BODILY INJURY OR PROPERTY DAMAGE.**

## Acknowledgment of Effect of this Release Agreement

I understand and acknowledge that by initialing and/or signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against AUHS, its agents or employees, \_\_\_\_\_, and other persons or entities, including specifically but not limited to rights arising from claims for the acts or omissions, negligent in any degree, of AUHS, its agents or employees, \_\_\_\_\_, and all other persons or entities.

I understand and acknowledge that by initialing and/or signing this document, I have assumed responsibility and legal liability for the claims or other legal demands, including defense costs, which may be asserted by spectators or other third parties against me as a result of my participation in this event.

## Participant Insurance Benefits and Representation of Physical Condition

I understand and acknowledge that no major medical insurance benefits shall be provided to me during this event. I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liabilities.

Are there any physical or mental conditions for which you have received medical treatment or for which you are currently receiving medical treatment? If so, please describe those conditions below:

## Entire Agreement

I understand that this is the entire Agreement between myself and AUHS, its agents or employees, and \_\_\_\_\_, and that it cannot be modified or changed in any way by the representations or statements of any employees or agents of AUHS, \_\_\_\_\_, or by me. I acknowledge that I have the right to have an attorney of my choice review this document.

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

DATE: \_\_\_\_\_ SIGNATURE OF PARTICIPANT: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_  
(IF UNDER AGE OF 18)

SIGNATURE OF WITNESS: \_\_\_\_\_

## PARENTAL/LEGAL GUARDIAN CONSENT FORM FOR STUDENT ACTIVITIES

We, as parents or guardians of \_\_\_\_\_, do hereby grant  
(Name of Child)  
our permission for such child to participate in \_\_\_\_\_  
(Description of Activity)  
to be held on \_\_\_\_\_.  
(Date)

In granting such permission and consent, we specifically recognize that such consent and participation in this activity is voluntary and that failure to grant consent shall in no way result in any impact on the grade of such child for failure to participate in this activity.

In granting such permission and consent, we

1. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child or ward during such activity.
2. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
3. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.
4. Acknowledge that in the event that the trip is canceled, the parent and/or student is responsible for all financial obligations.

Finally, we expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have any questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Emergency Number

\_\_\_\_\_  
Address / City / State / Zip

Specific Medical Information/Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Insurance Company / Group Number / Individual Number

## SUPERVISOR/CHAPERONE RESPONSIBILITY STATEMENT

**Activity:** \_\_\_\_\_

**Date of activity:** \_\_\_\_\_

**Location:** \_\_\_\_\_

My signature below indicates that I, as a supervisor/chaperone, have read this entire document, understand it completely, and therefore agree to support the policies and procedures set forth for students/guests, and employees associated with Arrowhead High School.

I consent to a background check.

\_\_\_\_\_  
Signature of Supervisor/Chaperone

\_\_\_\_\_  
Date

ATHLETIC INJURIES:   ACTIVITIES DIRECTOR  
SCHOOL INJURIES:    NURSE

### ARROWHEAD UNION HIGH SCHOOL STUDENT ACCIDENT/ILLNESS REPORT FORM

Student Injured: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Date of this Report: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_  
(If athletics, name sport and whether practice for, or participation in, interscholastic, intramural, or other.)

Nature of Injury: \_\_\_\_\_  
(Please specify right/left limb; side; shoulder; etc.)

Under whose supervision: \_\_\_\_\_

Were parents contacted?    \_\_\_ Yes    \_\_\_ No    By Whom? \_\_\_\_\_

Was a doctor to be seen later?    \_\_\_ Yes    \_\_\_ No

Name of Doctor: \_\_\_\_\_

Immediate treatment given to injured student:  
\_\_\_ Ice    \_\_\_ Compression (Ace wrap)    \_\_\_ Elevation    \_\_\_ Splinted    \_\_\_ Crutches

Accident Occurred: \_\_\_\_\_ en route to/from school  
\_\_\_ During regular school session  
\_\_\_ During school sponsored activity  
\_\_\_ Other: \_\_\_\_\_

Reporting Department: \_\_\_\_\_ Did you witness?    \_\_\_ Yes    \_\_\_ No

Signature of teacher/coach: \_\_\_\_\_

Signature of nurse (if seen): \_\_\_\_\_

\*\*\*\*\*

#### FOR OFFICE USE ONLY

Insurance report form filed: \_\_\_\_\_

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

## EMERGENCY CARE PLAN FOR KNOWN ALLERGIC REACTIONS

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Father's work: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Mother's work: \_\_\_\_\_  
Address: \_\_\_\_\_ Physician: \_\_\_\_\_  
\_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Allergic to: \_\_\_\_\_

The symptoms \_\_\_\_\_ develops with a severe reaction are:

- |   |                               |
|---|-------------------------------|
| _____ difficulty breathing or wheezing    | _____ violent abdominal pain  |
| _____ swelling of face, throat, tongue    | _____ change in voice quality |
| _____ hive-like skin reaction or swelling | _____ seizure                 |
| _____ collapse                            | _____ other                   |

### Treatment Plan:

1. Call the School Nurse.
2. Call 911 to transport to \_\_\_\_\_  
Parent's Choice of Hospital
3. Give injection of: \_\_\_\_\_ EPI-Pen (0.3 mg. Epinephrine)  
*Physician to indicate dose.* \_\_\_\_\_ EPI-Pen Jr. (0.15 mg. Epinephrine)  
\_\_\_\_\_ Ana - Kit dose

Injection to be self-administered by student or school nurse. No school employee except a health care professional may be required to administer any drug to a pupil by means other than ingestion. WI ACT 334.

The above medication is kept in \_\_\_\_\_.

4. Any additional medication physician ordered.  
Drug \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_
5. Administer CPR if necessary.
6. Copy this form and give to rescue personnel after their arrival.

\_\_\_\_\_  
Physician's signature Date Parent's signature Date

**ORDER/AUTHORIZATION VALID FOR 1 SCHOOL YEAR AND MUST BE RENEWED YEARLY.**

## ASTHMA PLAN

Student: \_\_\_\_\_ Home phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

How long has your child had asthma? \_\_\_\_\_

What symptoms of asthma does your child have? (Please check)

wheezing  dry cough  
 lips/nail beds turn blue  difficulty breathing  
 other (please explain) \_\_\_\_\_

What triggers your child's asthma attack? (Please check)

cigarette smoke  respiratory infection/cold  
 vigorous exercise  excitement/stress  
 weather (cold air/excessive humidity)  
 allergies (please list) \_\_\_\_\_

Treatment plan for asthma attack:

1. Call the School Nurse.
2. Have the child sit upright with shoulders relaxed.
3. Provide a quiet environment and emotional support to calm.
4. What medication does your child take and how often?

	Med	Dose	Kept During School
Every day?	_____	_____	_____
For attack?	_____	_____	_____
Before exercise?	_____	_____	_____

If kept in locker: Locker #: \_\_\_\_\_ Combination: \_\_\_\_\_

5. If able, encourage the child to drink lots of fluids.

ARE THERE ANY RESTRICTIONS DUE TO ASTHMA ORDERED BY THE PHYSICIAN?

(explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* If I cannot be reached by phone, and my child does not respond to the medication listed above, I give my permission for the school nurse or principal to call the physician listed above and follow his/her instructions. If the physician orders hospitalization, my child shall be transported by ambulance to the nearest hospital.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DIABETIC STUDENT CARE PLAN

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

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

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

<u>At Home</u>	<u>Yes</u>	<u>No</u>	<u>Time</u>	<u>Done By</u>
Glucose Monitoring	_____	_____	_____	_____
Urine Monitoring	_____	_____	_____	_____

<u>In School</u>	<u>Yes</u>	<u>No</u>	<u>Time</u>	<u>Done By</u>
Glucose Monitoring	_____	_____	_____	_____

Type of Insulin: \_\_\_\_\_

Amount: \_\_\_\_\_

Peaks: \_\_\_\_\_

<u>Regular Schedule of Insulin (At Home)</u>	<u>Given By</u>
_____	_____
_____	_____
_____	_____
_____	_____

Date of last diabetic assessment by physician: \_\_\_\_\_

Does your child eat a well-balanced breakfast? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child eat a well-balanced lunch? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have/carry regular snacks? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type: \_\_\_\_\_ Times: \_\_\_\_\_

**\*\*Note\*\*** Physician's treatment plan shall be put into effect promptly; if child is unresponsive, you shall be notified immediately.

Would you like any additional people or departments notified to follow any additional instructions?  
 (i.e., gym, bus, after-school sports/activities)

\_\_\_\_\_

## HYPOGLYCEMIA

### Symptoms of hypoglycemia:

- Blood glucose level below 70 mg/dl
- Pale, moist, cool skin
- Tachycardia, diaphoresis
- Jitteriness, irritability
- Headache, slurred speech
- Incoordination
- Drowsiness, confusion
- Visual changes
- Hunger, nausea, abdominal pain

Treatment plan physician/family would like followed:

### Early treatment:

---

---

### Late treatment:

---

---

---

## HYPERGLYCEMIA

### Symptoms of hyperglycemia:

- Blood glucose level greater than 300 mg/dl
- Positive plasma ketone, acetone breath
- Headache
- Kussmaul's respirations
- Tachycardia
- Decreased blood pressure
- Polyuria, polydipsia
- Decreased serum sodium, potassium and phosphate levels

Treatment plan physician/family would like followed:

### Early treatment:

---

---

**Amount of Insulin:** \_\_\_\_\_

### Late treatment:

---

---

**Amount of Insulin:** \_\_\_\_\_

# PROCEDURE

**Emergency Action Information for No Response to Treatment:**

Physician notified: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital desired: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/guardian/emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Ambulance: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

Check here if you would like a copy of this care plan sent to you: \_\_\_\_\_

Diabetic information packet is available for observation in the Health Room.

For more information, contact the American Diabetes Association at (414) 778-5500.