



HOLY GHOST PREPARATORY SCHOOL

2429 BRISTOL PIKE, BENSALEM, PA 19020-5298

(215) 639-2102 • FAX (215) 639-4225

WWW.HOLYGHOSTPREP.ORG

Dear Parent:

Please complete the information below regarding your child's asthma. This information will help school personnel care for your child in an emergency. Please notify us of any changes in your child's asthma or medication.

Name: _____ Grade: _____

How long has your child had asthma? _____ years.

About how often did your child have an asthma attack during the past year? An asthma attack is any time when your child reported asthma-related discomfort such as wheezing and chest tightness:

- no attacks
- only once or twice
- about 3 times
- 6 to 9 times
- about 12 times
- several times each week
- nearly every day

How many days did your child miss from school because of asthma last year? _____

Is your child now taking any medicine for asthma, including over-the-counter drugs or nebulizers?
 yes no

If yes, what medicines and on what schedule?

<u>Name of Medication</u>	<u>Dose & How Often</u>	<u>Date Medication Expires</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check any of the following that have caused your child to have an asthma attack:

- smoke, fumes, air pollution
- hot, cold, damp weather, or change in weather
- physical activity
- fear or worry
- anger
- excitement or laughing
- cold or infection
- other reason

Does your child understand asthma and what he/she should do to manage it? _____

How do you want the school to treat an asthma episode if it occurs? _____

Can your child administer their own rescue inhaler? _____

Name of health care provider treating asthma

Phone

Parent Signature

Date



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Contract for Self Administration of an Asthma Inhaler

Student: _____ Grade: _____
 Physician: _____ Phone: _____
 Medication: _____
 Dosage: _____ Frequency of use: _____

This medication must be administered following the Holy Ghost Preparatory School Medication Policy. The inhaler must be labeled with the student's name and dosage. If possible, a second inhaler should be provided to keep at school with locked medications.

Responsibilities for Carrying and Self Administering Respiratory Inhalers

- | | | |
|--|-----|----|
| The asthma information form and Administration of Medication Form has been returned. | Yes | No |
| The student demonstrates correct use of the inhaler to the nurse. | Yes | No |
| The student acknowledges proper timing for inhaler use. | Yes | No |
| The student knows the dangers of and agrees not to share the inhaler with others. | Yes | No |
| The student agrees to report to the nurse every time he/she uses the inhaler. | Yes | No |
| The student agrees to come to the office (with an adult) if the student continues to have difficulty breathing, wheezing or chest tightness after using the inhaler. | Yes | No |
| This student will be allowed the privilege of carrying his/her inhaler. | Yes | No |

 Student's Signature Date Nurse's Signature Date

My child will be responsible for carrying and self-administering his/her respiratory inhaler. He/she agrees to follow the school district's procedures concerning the handling and administration of this medication. Holy Ghost Prep and the employees are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self administration of asthma medication by the student and agree to indemnify and hold harmless the school and its employees against any claims arising from the self administration of this medication. ***It is the responsibility of the PARENT to ensure that the student brings a current inhaler to school each day.***

 Parent's Name (please print) Parent's Signature Date

 Health Care Provider (please print) Signature Date