

Philomath School District 17J
Individualized Asthma HealthCare Plan

ASTHMA ACTION PLAN FOR: _____

DOB _____ Grade _____ Teacher _____

How often do asthma symptoms occur? _____

Check the conditions that usually will cause this students asthma symptoms:

___ Respiratory infection/colds ___ Exercise ___ Smoke ___ Weather ___ Other?

Check the symptoms that occur for this student:

___ Coughing ___ Wheezing
___ Feeling frightened ___ Other (describe) _____

NEVER LEAVE A STUDENT ALONE DURING AN ASTHMA EPISODE

STEPS TO TAKE DURING AN ASTHMA EPISODE

- Allow student to use his/her prescribed asthma medication w/assistance given, if needed
- Encourage student to relax (such as, taking slow deep breaths, sipping warm fluids, etc)
- Stay with the student and monitor for symptoms
 1. If symptoms decrease w/i 15 minutes after taking medication, student may return to class
 2. If symptoms remain the same 15 minutes after taking medication, the school nurse and/or the parent will be contacted for direction.
 3. If symptoms increase in severity, 911 will be called and CPR begun, if necessary.

Medication Amount to Take When to Take

Medication	Amount to Take	When to Take

STUDENT IS ABLE TO SELF-MEDICATE? NO YES STUDENT USES A SPACER? NO YES

IT AN IS Emergency ??

Emergency action is necessary when the student:

- Coughs constantly
- Has trouble walking or talking
- Has a difficult time breathing
 - Chest or neck pulled in with breathing
 - Stooped body posture
 - Struggling to take a breath or gasping
- Lips or fingernails are grey or blue

Medication MUST accompany student if he/she is off school grounds

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Contact Information

Parent/Guardian: _____

Telephone: _____ Home _____ Work _____ Cell _____

Parent/Guardian: _____

Telephone: _____ Home _____ Work _____ Cell _____

Other Emergency Contact: _____

Telephone: _____ Home _____ Work _____ Cell _____

Student's Health Care Provider: _____ Phone # _____

Significant Medical History: _____

Medication Required During School Hours (Please check):

- _____ Requires treatment with inhaler for symptoms. Inhaler is located:
- _____ School Health Office (requires signed Prescription Authorization form, and a contract signed by Parent, Student and School Nurse)
 - _____ Student will carry inhaler and will self administer (requires signed Self Medication form and a contract signed by the parent, student and the school nurse.)
- _____ No treatment required at school.

An up-to -date Medication Authorization or Self Medication Authorization form signed by the parent/guardian must be on file in the school office for all medications that are to be administered at school. ***Inhalers must be brought to school in the box labeled by the pharmacy or with a pharmacy label affixed to the inhaler.***

I give permission to the school nurse and other properly trained and authorized staff members of the Philomath School District 17J to perform and carry out the tasks as outlined by my child's Individualized HealthCare Plan. I also consent to the release of the information pertaining to my child's asthma care to the staff members who have custodial care and those who may need to know this information to maintain my child's health and safety during the school day.

Parent/Guardian Signature _____ Date _____