

SHELTON SCHOOL ASTHMA ACTION PLAN

(To be completed at the beginning of each school year and kept on file with Advisor and School Nurse.
Please fill out all sections that pertain to your child.)

Student _____ DOB _____ Date _____
Allergies _____ Grade _____
Common asthma triggers (i.e. exercise, weather changes, etc.) _____

Physician's name _____ Phone _____

SELF ADMINISTRATION OF ASTHMA MEDICATION

My child has permission to carry the following asthma inhaler at school:

Inhaler _____ Dosage _____

When to use _____

Can be repeated for severe breathing difficulty _____ times _____ minutes apart.

I have discussed this release with my child's physician and he/she agrees that it is safe and prudent for my child to carry the inhaler with him/her at all times.

Parent/Guardian Signature _____ Date _____

DAILY TREATMENT PLAN

Please list any medications taken daily to manage asthma, including nebulizer treatments.

Name _____

Purpose _____

Dosage _____

When to use _____

Additional instructions _____

Any other special instructions? _____

MEDICATION KEPT IN SCHOOL CLINIC

Name _____

Purpose _____

Dosage _____

When to use _____

Additional instructions _____

Please list any medical equipment this student will need to treat his/her asthma at school (i.e. spacer, nebulizer, etc.)

PEAK FLOW METER

A Peak Flow Meter is available in the clinic. If your child uses a peak flow meter, please indicate his/her parameters and instructions below.

GREEN ZONE: If _____ to _____, then _____

YELLOW ZONE: If _____ to _____, then _____

ORANGE ZONE: If _____ to _____, then _____

RED ZONE: If _____ to _____, then _____

EMERGENCY PLAN

Emergency action is necessary when this student has symptoms such as: _____

Steps to take during an asthma episode:

1. Give emergency medication:

Name _____

Purpose _____

Dosage _____ When to use _____

Can be repeated for severe breathing difficulty _____ times _____ minutes apart.

Call 911 if minimal or no improvement within 15 minutes and a relative cannot be reached.

WAIVER AND RELEASE PERTAINING TO ASTHMATIC CONDITIONS

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU ARE HEREBY WAIVING AND RELEASING THE SHELTON SCHOOL AND ITS AGENTS, EMPLOYEES OR REPRESENTATIVES FROM ANY AND ALL LIABILITY CONNECTED WITH ANY ADVERSE OUTCOME YOUR CHILD MAY HAVE RELATED TO AND/OR CAUSED BY HIS/HER ASTHMA CONDITION, TO INCLUDE ANY CLAIM FOR PERSONAL INJURY DAMAGES OR WRONGFUL DEATH. THIS WAIVER AND RELEASE EXPRESSLY INCLUDES A WAIVER AND RELEASE FOR ANY AND ALL CLAIMS ARISING FROM ANY NEGLIGENCE OF THE SHELTON SCHOOL AND/OR ITS AGENTS, EMPLOYEES OR REPRESENTATIVES.

PARENT/GUARDIAN

DATE

PARENT/GUARDIAN

DATE