

**INDIVIDUAL HEALTH PLAN / EMERGENCY CARE PLAN FOR STUDENT WITH
ASTHMA/REACTIVE AIRWAY DISEASE (RAD)**

TO BE RENEWED EACH SCHOOL YEAR

(If you need assistance completing this form, contact the Licensed School Nurse.)

Student Name _____ Birth Date _____

School _____ Grade _____ Teacher _____ School Year _____

1. My child still has Asthma/RAD:

YES Complete form, sign & date back, and return to your child’s school.

NO Parent/Guardian signature: _____ Date: _____

(If “No” is checked, do not fill out the remainder of the form, but sign and return to your child’s school.)

2. Where does your child receive his/her Asthma/RAD care?

Health Care Provider/Clinic _____ Phone Number: _____

3. How many times has your child been treated in the emergency department or hospitalized for Asthma/RAD in the past year? _____

4. What triggers your child’s Asthma/RAD attacks?

exercise weather changes emotional stress

upper respiratory infections smoke

allergies (please list): _____

5. What are your child’s usual signs and symptoms of an Asthma/RAD attack? (Please check all that apply)

constant/frequent cough wheezing

difficulty breathing/talking chest tightness

other: _____

6. Does your child recognize these signs and symptoms? YES NO

7. What does your child do at home to relieve signs and symptoms of an Asthma/RAD attack?

(Please check all that apply)

breathing exercises drinks liquid

rests medication

8. Please list medication taken daily at home for Asthma/RAD:

Oral: _____

Inhaled: _____

9. Emergency Contacts (list in order of who to call first)

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

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SCHOOL ACTION/EMERGENCY PLAN

1. Calm and reassure student.
2. Give inhaler/nebulizer if available as authorized by parent/guardian and prescribed by health care provider.
3. Have student in sitting position, encourage slow breathing: in through nose and out through pursed lips.
4. Offer sips of water.
5. Call parent/guardian if student’s breathing has not improved or if medication does not relieve symptoms in 15 minutes.

Call 911 if symptoms are not improving with ANY of the following signs or symptoms observed: (Notify office and parent when 911 is called.)

**-Breathing is hard and fast
-Ribs show**

**-Student cannot talk or walk
-Nose opens wide to breathe**

SCHOOL MANAGEMENT PLAN / PARENT/GUARDIAN AUTHORIZATION

(The Consent Form for Administration of Medication During the School Day for an inhaler and/or nebulizer must be completed and signed by the health care provider and parent.)

No inhaler/nebulizer at school.

- Call parent if attack occurs.
- Follow school emergency plan.

Student needs help with Asthma/RAD signs and symptoms.

- May use inhaler/nebulizer with supervision.
- **The inhaler is properly labeled for the student.**
- Follow school emergency plan.

1. I understand that this information may be shared with all school staff who work directly with my child.
2. I will contact the Licensed School Nurse/designee if a change in the current plan is indicated.
3. I authorize the Licensed School Nurse/designee to exchange information with my child's health care provider related to his/her Asthma/RAD plan.
4. I will contact the Licensed School Nurse/designee if a change in the current plan is indicated.
5. Field trips - I give permission for a teacher/school personnel to assist with the administration of the inhaler on a field trip.
6. **I understand if my child rides the school bus and/or participates in before or after school activities, it is my responsibility to inform the staff/bus company of my child's health plan.**

Parent/Guardian Signature _____ Date _____

LICENSED SCHOOL NURSE SIGNATURE: _____ Date: _____

OR

STUDENT SELF-MANAGEMENT PLAN / PARENT/GUARDIAN AUTHORIZATION

**Not recommended for elementary students*

(The Consent Form for Administration of Medication During the School Day for an inhaler and/or nebulizer must be completed and signed by the health care provider and parent.)

Student can **self-manage** asthma signs and symptoms, and no inhaler will be carried at school.

- Student will go to the health office if Asthma/RAD attack occurs and parent/guardian will be called.

Student can **self-manage** Asthma/RAD signs and symptoms, and may independently carry and use the inhaler under the following conditions according to the Minnesota Asthma Inhaler Law.

- The parent/guardian must annually submit written authorization for the student to self-manage.
- **The inhaler is properly labeled for the student.**
- The health office staff will assess the student's knowledge and skills to safely possess the inhaler in a school setting. If non-compliance or a change in status occurs, the Licensed School Nurse will contact parent/guardian to discuss a new agreement.
- *Students who self-manage their asthma will NOT be monitored by school personnel on a daily basis.*

1. I request that my child self-manage his/her Asthma/RAD and be responsible for carrying inhaler and administering as ordered by my child's health care provider.
2. I understand that this information may be shared with all school staff who work directly with my child.
3. I authorize the Licensed School Nurse/designee to exchange information with my child's health care provider related to his/her Asthma/RAD plan.
4. I will contact the Licensed School Nurse/designee if a change in the current plan is indicated.
5. **I understand that my child will inform all staff, including teachers, coaches, and bus drivers, of his/her asthma health plan, and will be responsible to carry their inhaler on field trips.**

Parent/Guardian Signature _____ Date _____

LICENSED SCHOOL NURSE SIGNATURE: _____ Date: _____