



## CROWN POINT COMMUNITY SCHOOL CORPORATION ASTHMA MEDICATION AT SCHOOL

**So that we may provide the best care for your child, please complete this form below and return it to the nurse's office. If any changes occur during the year, please notify the nurse's office.**

**Option #1-** The student comes to the nurse's office where the inhaler is kept and uses it under supervision. The advantage is that the medicine will be used correctly, in the proper amount, and records will be kept. A number of students keep inhalers in the nurse's office and come before Gym/PE or as needed. All medication brought to the nurse must be in its original container with a signed doctor and parent note (see back) giving the child's name, dose and time for medication to be given.

**Option #2-** The student will be allowed to carry their inhalers. The advantage is that it is immediately accessible. It is a good idea to have a spare inhaler (provided by the parent) in the nurse's office just in case the student forgets hers/his. A doctor and parent note should also be supplied allowing permission for self-medication (see below)

### Contract between student, parent and doctor - Permission to carry inhalers

1. Student has demonstrated to the nurse or doctor the correct use of the inhaler.
2. Student agrees to never share their inhaler with another person.
3. Student agrees to carry the inhaler on their person or keep it in their locker.
4. Student agrees that after two puffs, if there is no marked improvement, he/she will go to the nurse immediately.

### Student Signature:

I give permission for my child \_\_\_\_\_ to carry the inhaler prescribed by his doctor as listed on the back of this form. I understand that he/she must follow the rules listed above. I will notify the school of changes in the medication or my child's condition.

### Parent's Signature:

### THE BACK OF THIS FORM MUST BE COMPLETED

**To the Physician: Indiana Code 2020 IC 20-33-8-13 Possession and self-administration of medication permitted Sec. 13.**

(a) Discipline rules adopted under section 12 of this chapter must provide that a student with a chronic disease or medical condition may possess and self-administer medication for the chronic disease or medical condition during the times and in the places set forth under section 14(b) of this chapter if the following conditions are met:

(1) The student's parent has filed an authorization with the student's principal for the student to possess and self-administer the medication. The authorization must include the statement described in subdivision (2).

(2) A physician states in writing that:

(A) the student has an acute or chronic disease or medical condition for which the physician has prescribed medication;

(B) the student has been instructed in how to self-administer the medication; and

(C) the nature of the disease or medical condition requires emergency administration of the medication.

(b) The authorization and statement described in subsection (a) must be filed annually with the student's principal.

[Pre-2005 Elementary and Secondary Education Recodification Citation: 20-8.1-5.1-7.5.]

# STUDENT ASTHMA ACTION CARE PLAN

(To be completed by parent)

Student:

Birth date:

School Year:

School Name:

Grade:

Team:

## EMERGENCY CONTACTS

1. Name:

Relationship:

Home Phone:

Work Phone:

Cell or other:

2. Name:

Relationship:

Home Phone:

Work Phone:

Cell or other:

PHYSICIAN for ASTHMA:

Phone #'s

## EMERGENCY HEALTHCARE PLAN FOR ASTHMA

(to be completed by parent AND physician)

Emergency Action is necessary when this student has the following symptoms

OR has a Peak Flow reading of

Steps to be taken during an asthma episode:

1. Give medication(s) as listed below.
2. Student may return to classroom normal activity if
3. Call parent emergency contact if

NAME OF MEDICATION

DOSE

FREQUENCY OF USE

Special Instructions:

Physician Signature:

Date:

Parent Signature:

Date: