

**ROCHESTER COMMUNITY SCHOOLS  
ASTHMA Medical Action Plan (MAP)**

Child's picture  
Face only

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

This MAP is validated with signatures and dates, by both the treating physician/licensed health care provider & parent/guardian. Orders are required for medical interventions within this treatment plan. Expiration of this plan occurs at the end of the 2022-2023 school year.

Bus # \_\_\_\_\_ Driver: \_\_\_\_\_  
 Transportation Office Use ONLY if needed  
 Route # \_\_\_\_\_ Medical File \_\_\_\_\_

**CONTACT INFORMATION**

Call First:	Call Second:	Call Third:
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone 1:	Phone 1:	Phone 1:
Phone 2:	Phone 2:	Phone 2:
Email:	Email:	Email:

**HISTORY**

Asthma triggers (may cause an episode at school, click applicable box):  
 Exercise  Respiratory Illness  Allergies  Environment  Weather  Other: \_\_\_\_\_

Food/Other allergies: \_\_\_\_\_

- For asthma symptoms, my child has/uses the following:
- YES  NO      Spacer (with or without a mask)
  - YES  NO      Medication at home to control asthma
  - YES  NO      Nebulizer (breathing machine)
  - YES  NO      MDI (metered dose inhaler)

I, (parent/guardian), \_\_\_\_\_, request that my child, \_\_\_\_\_, receive the above described medical management at school, according to standard school policy, I authorize consent to the ordering licensed health care provider staff and school to share information, as needed, to clarify orders and to assist with my child's health care needs. I agree to have the information, in this four page plan, shared with individuals that need to know. I also, give permission to use my child's picture on this plan (if I did not supply a photo).

- YES  NO      I will supply the school with a back-up inhaler, if my child is to self-carry.
- YES  NO      I have read the attached information regarding section 504 eligibility.
- YES  NO      I wish to be contacted regarding a 504 evaluation.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNS OF AN ASTHMA ATTACK**

- Wheezing/whistling (noisy breathing) \* Peak flow reading below 80% of personal best
- Shortness of breath
- Difficult and/or rapid breathing
- Coughing
- Complaints of chest pain/pressure
- Chest congestion
- Anxiety
- Increased heart rate

**IMMEDIATE ACTION**

✓ Remain calm
✓ Encourage slow deep breathing; prompt child to breathe in through the nose and out through the mouth
✓ Have the student sit upright in a position of comfort
✓ Give medication as ordered (no expired medication will be given)
✓ Use a spacer and/or mask, if provided for a metered dose inhaler (MDI)
✓ Be sure to wait 1-2 minutes before a second puff of the inhaler
✓ Stay with the child until breathing normally
✓ Provide emotional support and comfort
✓ Notify parent/guardian that the inhaler was used in school; update child's condition

**SIGNS OF AN ASTHMA EMERGENCY**

✓ No improvement 10-15 minutes after medication is given
✓ Breathing difficulty gets worse
✓ Skin pulls in around collarbone or ribs with each breath (shoulders may rise)
✓ Looks anxious, frightened, or restless
✓ Cannot talk in a complete sentence, or walk and talk at the same time
✓ Stops playing and cannot start activity again
✓ Hunched over
✓ Pale facial color and/or bluish color around the mouth and/or nail beds (skin may be damp)

**EMERGENCY ACTION**

✓ <b>CALL 911</b> , then parent/guardian
✓ Repeat medication while waiting for emergency help to arrive
✓ Stay with student
✓ Follow 911 dispatcher instructions

**OTHER INTERVENTIONS (LUNCH, RECESS, GYM, SCHOOL SPONSORED EVENTS, ETC.)**


Authorized Physician/Licensed Health Care Provider Orders & Agreement with Treatment Plan

Medication: \_\_\_\_\_

<input type="checkbox"/> MDI	DOSE:
<input type="checkbox"/> Nebulizer	DOSE:
<input type="checkbox"/> Oral medication	DOSE:
<input type="checkbox"/> Intranasal medication	DOSE:

Side effects: \_\_\_\_\_

MDI instructions (please be specific): \_\_\_\_\_

Nebulizer instructions (please be specific): \_\_\_\_\_

Oral medication instructions (please be specific): \_\_\_\_\_

Intranasal medication instructions (please be specific): \_\_\_\_\_

Other orders/instructions (please be specific): \_\_\_\_\_

\_\_\_\_\_

- YES  NO      Student is independent to manage asthma symptoms.
- YES  NO      Student requires supervision and/or assist, in managing asthma symptoms.
- YES  NO      MDI treatment may be repeated in 5-10 minutes, if no help or symptoms worsen.
- YES  NO      Medication is needed 20 minutes before gym/recess/strenuous exercise or activity.
- YES  NO      Student may choose if medication is needed before gym/recess/strenuous exercise or activity.
- YES  NO      Student can use inhaler correctly, knows when to get adult help, not to share, and how to properly maintain the device. Therefore, it is my professional opinion that this student should be allowed to self-carry their inhaler.
- YES  NO      Peak flow readings are to be done at school. Give medication for PF reading below: \_\_\_\_\_

Licensed Health Care Provider's Name: \_\_\_\_\_  
 Hospital and/or Clinic Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Suite: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

(Provider Stamp)

HEALTH CARE PROVIDER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



Rochester Community Schools  
Section 504 – Procedural Safeguards

The following is a brief summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities. The intent of the law is to keep you fully informed about decisions concerning your child and to inform you of your rights in the event you disagree with any decisions concerning your child. Under Section 504, you have the right to:

1. Have the District advise you of your rights under federal law; The District must provide you with written notice of your rights under Section 504. If you need further explanation or clarification of any of the rights described in this notice, please contact the Building 504 Coordinator for the school that you or your child is attending.
2. Receive written notice with respect to Section 504 identification, evaluation, educational program and/or placement of your child;
3. Have the right to agree or disagree to the implementation of the District's proposed evaluation plan for your child or to its proposed Section 504 Plan for your child.
4. Have an evaluation and placement decision for your child based upon information from a variety of sources and which is made by a team of persons knowledgeable about the student, the meaning of evaluation data, and placement options;
5. Have your child receive a free appropriate public education, which includes the right to be educated with non-disabled students to the maximum extent appropriate, if the child is Section 504 eligible;
6. Have your child take part in and receive benefits from the District without discrimination on the basis of disability;
7. Have your child educated in facilities and receive services comparable to those provided to non-disabled students;
8. Examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records;
9. Receive information in your native language and primary mode of communication;
10. Have a periodic re-evaluation of your child to determine if there has been a change in educational need, including an evaluation before any significant change of placement. Generally, a re-evaluation will take place at least every three years;
11. Have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District;
12. Request and participate in an impartial due process hearing if you disagree with any District action with regard to the identification, evaluation, or placement of your child under Section 504. You have the right to participate personally at the hearing, have the right to be represented by counsel in that process, and to appear an adverse decision to a court of competent jurisdiction. If you wish to request an impartial due process hearing, you must submit a written Request for a Hearing to your Building 504 Coordinator;
13. File a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office of Civil Rights.