

1055 Eaton Drive  
Ft. Wright, KY 41015

TO: Parent/Guardian of: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Grade \_\_\_\_\_ at \_\_\_\_\_ School

Information provided to school indicates your student has **asthma**. It is important to annually update additional health information should your student require assistance at school. **Please complete this form and return it to the school nurse so an action plan can be developed and shared with the appropriate school personnel. It is the responsibility of parent/guardian to provide special food, equipment, and medication that is needed at school.** If you have any questions, please call the nurse at your student's school.

Has a physician diagnosed your student with asthma? \_\_\_ No \_\_\_ Yes, if so Date \_\_\_\_\_

ASTHMA IS CURRENTLY BEING TREATED BY: Dr. \_\_\_\_\_ (phone) \_\_\_\_\_

Has hospitalization been needed in the past year for your student's asthma condition? \_\_\_ No \_\_\_ Yes  
If yes, date of hospitalization \_\_\_\_\_

How often do the asthma attacks occur? \_\_\_\_\_

Is a peak flow meter used? \_\_\_ No \_\_\_ Yes; Peak flow meter personal best is \_\_\_\_\_

**CHECK THE CONDITIONS THAT USUALLY BRING ON THIS STUDENT'S ASTHMA ATTACK:**

\_\_\_ Respiratory infection \_\_\_ Exposure to cold \_\_\_ Emotional stress \_\_\_ Animals \_\_\_ Smoke \_\_\_ Dust  
\_\_\_ Exercise (describe) \_\_\_\_\_  
\_\_\_ Odors (describe) \_\_\_\_\_  
\_\_\_ Allergic reaction to (describe) \_\_\_\_\_  
\_\_\_ Other (describe) \_\_\_\_\_

**CHECK THE SIGNS THAT ARE USUALLY PRESENT IN THIS STUDENT'S ASTHMA ATTACK:**

\_\_\_ Coughing \_\_\_ Wheezing \_\_\_ Shortness of breath \_\_\_ Anxiety  
\_\_\_ Bluish color of skin/nails \_\_\_ Nasal flaring \_\_\_ Unable to speak  
\_\_\_ Use of accessory muscles \_\_\_ Other (describe) \_\_\_\_\_

**ARE MEDICATIONS NEEDED TO CONTROL ASTHMA? \_\_\_ No \_\_\_ Yes (please list medications below)**

MEDICATION	DOSAGE	To be Administered at
1.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
2.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
3.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
4.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both

All medication given to students at school require a **Kenton County School District Administration of Medication Permission Form** be completed and signed by a parent/guardian and your child's physician. This form is available in the school office, first aid room, or on the Kenton County School District's webpage under Health Services Department. Students may self carry/self administer their emergency medication ONLY if the required forms are on file in Health Services.

Does your student participate in educational opportunities that involve more than one campus, such as Project Ascent, Prep+, or the Academies? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, what campus will they attend? \_\_\_\_\_

For emergency medication (inhaler) to be available while attending another campus, your student must have permission to self-carry medication or an additional dose kept at the other campus. See the school nurse regarding the required documentation. Appropriate school staff will be trained in the administration of this emergency medication.

Please check and list any extracurricular activities outside of normal school hours, which you anticipate your child may participate in this year: (clubs, teams, councils, and sports)

Clubs, committees, drama, band, and teams etc. (specify) \_\_\_\_\_

Sports/Intramurals (specify below)

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

For emergency medication (inhaler) to be administered during any extracurricular activities, your student must have permission to self-carry medication. See the school nurse regarding the required documentation. Appropriate school staff will be trained in the administration of this emergency medication.

If a student has permission to self-carry emergency medication (inhaler), Health Services recommends an additional dose of medication be kept in the nurse's office to ensure a dose is always available.

**IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN YOUR CHILD'S MEDICAL CONDITION, MEDICATION, EXTRACURRICULAR ACTIVITIES, EMERGENCY CONTACT PERSONS, PHYSICIAN, OR CONTACT PHONE NUMBERS. ANY CHANGES IN MEDICATION REQUIRE A NEW ADMINISTRATION OF MEDICATION FORM.**

**EMERGENCY ACTION PLAN (EAP) FOR A STUDENT HAVING AN ASTHMA ATTACK:**

1. Allow the student to use his or her asthma medication as prescribed, with assistance given as needed.
2. Encouraged student's relaxation (deep breathing, sipping warm fluids).
3. Stay with student, monitoring for symptoms.
  - a. If symptoms decrease after taking medication, student may return to class.
  - b. If symptoms remain the same 15 minutes after taking medication, parent will be contacted for direction.
  - c. If symptoms increase in severity **9-1-1** will be called and resuscitation begun if necessary. Parent will be contacted.
    - i. Symptoms may include: nostrils open and flaring, can't walk or talk due to shortness of breath, lips or fingernails are blue, respiratory arrest.
4. **If no medication is ordered/available for a student with a history of asthma, the parent will be called and/or 9-1-1 depending on the severity.**

If you want additional information given, or have other concerns, describe here:

\_\_\_\_\_

The school nurse will provide information to the appropriate school personnel (teachers, coaches, etc.) to address the health needs of your student. If you don't want information to be shared, **additional written notification** must be provided to the school nurse.

**Assessment accommodations are given based on the needs documented in the student's IEP or 504 plan. Activity restrictions require a written authorization from your student's doctor.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Thank you for your help in addressing your student's needs,  
School Health Services  
Kenton County School District