RANKIN COUNTY SCHOOL DISTRICT SCHOOL ASTHMA HEALTH PLAN 2023-2024

DATE RECEIVED ____ / ____ / ____

TO BE COMPLETED BY PARENT OR GUARDIAN

Name ____ Age ____ Date of Birth ____

School ____ Teacher ____ Grade ____

Emergency Contact Name ____ Phone ____

My student will require medication at school for asthma exacerbation ☐ Yes ☐ No

**If no, parent/guardian will be contacted for any concerns regarding asthma symptoms*

TO BE COMPLETED BY PHYSICIAN OR LICENSED PRACTITIONER

1. Indicate severity of student's asthma ☐ Mild ☐ Moderate ☐ Severe
2. Prescription information (one per sheet)

Medication ____ Dose ____

Diagnosis ____ Route ____

Times/frequency ____

Indication for administration ____

Prescriber Name & Title (Print) ____ Phone ____

Physician Signature ____ Date ____

****** *If additional medication is need please use a medication consent form to provide all information.***

3. Has the student been trained on self administration? ☐ Yes ☐ No
4. Is a spacer required? ☐ Yes ☐ No
5. Storage:
   - ☐ Recommend that the student be allowed to carry all asthma medications
   - ☐ Recommend that all asthma medications be stored by the school nurse/personnel in the designated medication storage location
6. Administration:
   - ☐ Recommend that student self administer all asthma medications
   - ☐ Recommend that school nurse/personnel administer asthma medications
7. ☐ Other non - pharmacological interventions required ____

TO BE COMPLETED BY THE SCHOOL WITH PARENT/GUARDIAN

STUDENT/GUARDIAN WILL:

1. Student/guardian agrees to avoid known allergens and asthma triggers.
2. Students will take all prescribed medications and follow up with healthcare provider as appropriate.
3. Alert school staff immediately of any new or worsening asthma symptoms

SCHOOL WILL:

1. Maintain student safety by removing known allergens as appropriate.
2. Notify the administration if an asthma attack occurs.
3. Administer medications per health plan approved by healthcare provider.
4. Call parent and 911, if needed.

Parent/Guardian - Name (Print)	Parent/Guardian - Signature
School Representative - Name (Print)	School Representative - Signature