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hinsdale central high school

Hinsdale Central  
High School  
a partnership in  
lifelong learning

Contact Information  
55th & Grant Streets  
Hinsdale, Illinois 60521

p 630.570.8000  
f 630.887.1362  
www.hinsdale86.org

Dear Parent or Guardian,

Your child's health record indicates a health condition of Asthma. If your child needs to carry and self-administer an Inhaler a parent's signature only is required on our school **Medication Authorization Form** along with a copy of the prescription label. Inhalers do not require a physician's signature. However, if you would like your child to be able to receive Tylenol or Ibuprofen or any other medications during school hours a physician's signature on the form would be required. We encourage you to leave a spare Inhaler in the Health Office for your child's use.

Two other important documents are also included in this mailing. The first is an **Asthma Action Plan** for your child's physician to complete and sign. The second document is a copy of our **Asthma Guidelines for Care**. This document is shared with school staff that work with students with Asthma. Please read through it and keep it for your personal information as Parent / guardian responsibilities are listed on this document as well.

Please return the completed forms by July 1st of the upcoming school year to ensure that a plan is in place for the beginning of school. Please contact us with any questions.

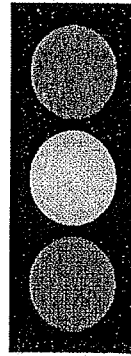
Sincerely,

Central Health Office

(p) 630-570-8595 (f) 630-570-8599

# Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

**Green means Go Zone!**  
Use preventive medicine.

**Yellow Means Caution Zone!**  
Add quick-relief medicine.

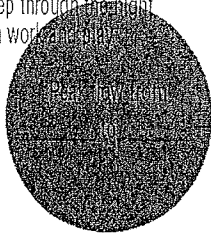
**Red means Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow \_\_\_\_\_

## GO

You have **all** of these:

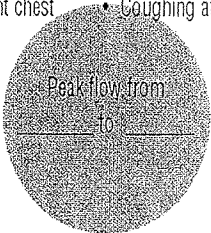
- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play



## CAUTION

You have **any** of these:

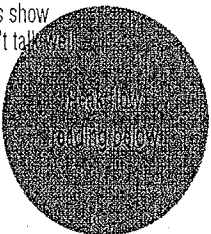
- First signs of a cold
- Exposure to known trigger
- Cough
  - Mild wheeze
- Tight chest
  - Coughing at night



## DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well



## Use these daily preventive and inflammatory medicines

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

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## Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

## Take these medicines and call your doctor now

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

**GET HELP FROM A DOCTOR NOW!** Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.**

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Hinsdale Central High School  
**MEDICATION AUTHORIZATION FORM**  
PHONE 630-570-8595 FAX 630-570-8599

Student Name: \_\_\_\_\_ Class/ID: \_\_\_\_\_ / \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN:** (please print)

All medication (prescription or nonprescription, including generic Tylenol and ibuprofen) requires authorization each school year. It is the parent's responsibility to update student health information in the event of any change.

*Please note: Only generic Tylenol, Advil, or Motrin will be dispensed in the Health Office. If non generic is ordered, parent must supply the medication. If medication below is not advised, delete or amend as needed.*

<u>Medication Required during School</u>	<u>Dosage/Route</u>	<u>Time and Frequency</u>
Generic Tylenol	325-650 mg po	every 4-6 hours as needed
Ibuprofen	200-400 mg po	every 4-6 hours as needed
<u>Other Medication Required during School</u>	<u>Dosage</u>	<u>Time and Frequency</u>

Diagnosis requiring medication(s): \_\_\_\_\_

Intended effect/Possible side effects: \_\_\_\_\_

Other medication student is taking: \_\_\_\_\_

**Medication student may carry and self-administer: Inhaler, insulin or Epi-Pen (circle if applicable).**  
Please contact the school nurse at 630-570-8595 for details.

**Self-Administered Medication: such as medication for asthma, diabetes, or severe allergy:** I or a member of my staff has instructed the above student in the proper administration of the self-administered medication. He/she understands the need for the medication, the appropriate response, and the necessity to report to school personnel any unusual side effects or lack of appropriate response. The student is capable of using this medication independently.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Parent/Guardian's Authorization** By signing below:  
I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Hinsdale Township High School District 86 and its employees and agents, on my behalf and stead, to administer or attempt to administer to my child (or allow my child to self-administer) the lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than the school nurse, and specifically consent to such practices. I further acknowledge and agree that, when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from any and all claims, damages, and causes of action or injuries, except a claim based on willful and wanton conduct, incurred or resulting from the administration or self-administration of medication.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Asthma** is a chronic lung disease, which is characterized by attacks of breathing difficulty. It is a disorder that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing. Asthma is caused by inflammation in the airways. When an asthma attack occurs, the muscles surrounding the airways become tight and the lining of the air passages swells. This reduces the amount of air that can pass by.

**Many** of the same substances that trigger allergies can also trigger asthma. Common asthma triggers include pet hair and dander, dust, changes in weather (most often cold weather), exercise, mold, pollen, respiratory infections such as the common cold, strong emotions, stress, tobacco smoke, dust mites, mold, chemicals in the air or in food, and nonsteroidal anti-inflammatory drugs (NSAIDs).

**The goals** of treatment are: control airway swelling and stay away from substances that trigger symptoms. There is no cure for asthma, although symptoms sometimes can improve over time. With proper self-management and medical treatment, most people with asthma can lead normal lives.

### 1) **Problem:** Breathing Difficulty

**Goal:** Avoid attacks and maintain airway

**Action:**

1. Student needs to know his/her triggers and avoid them as much as possible.
2. Staff members need to know the symptoms of an asthma attack:  
**Coughing, wheezing, tightness in chest, prolonged expiration, gasping for air, color changes (pale or blue).**
3. With any difficulty breathing, student needs to rest and may need to use his/her inhaler.
4. **If student continues to have difficulty breathing, have someone escort him/her to Health Services or call extension 8595/8596/8597. Never send him/her alone.**
5. Student may need to use his/her inhaler as needed prior to exercise.
6. Under no circumstances, should student be pushed to increase his/her physical activity beyond his/her ability or when he/she is having difficulty breathing.
7. When Asthma symptoms exacerbate, his/her attendance may be less than regular.

### 2) **Problem:** Severe Respiratory Distress

**Goal:** Recognize symptoms of distress and respond appropriately

**Action:**

1. **Symptoms that indicate severe respiratory distress include: struggling for breaths, gasping, trouble walking or talking, stooped body posture, and skin, lips or fingernails are blue or grey.**
2. **If student has symptoms of severe respiratory distress, call 911**
3. **Also, call Health services 8595/8596/8597, or have a student supervisor or Dean send a two-way radio message to the nurse.**

### 3) **Problem:** Adequate hydration

**Goal:** Encourage adequate hydration.

**Action:**

1. Allow student to drink fluids in the classroom.
2. Allow student to self-limit PE activity, allow him/her to rest or alter activity as needed.

### **Other Concerns/Information for parents and teachers:**

- ❖ **It is the parent or guardian's responsibility to notify Health Services of the student's involvement in any extra-curricular activities.** Health Services will then provide a copy of the guidelines to coaches, club sponsors, etc. If a physician's health care plan is available it will also be provided.
- ❖ **Prior to any off-campus activity, a parent or guardian must notify the field trip sponsor of their student's special health needs.**
- ❖ **A teacher's copy of the guidelines should accompany him/her on all field trips or off-campus activities.**
- ❖ **Teachers will place a copy of this plan in the substitute folder.**
- ❖ **Healthcare Plan will be updated as needed.**