



Grade: _____ Student ID: _____

Parent/Guardian and Student

How does your child get home? Parent pick-up Daycare pick-up Walk Drives Bus# _____
 Before/after school programs/extracurricular activities: ROCK Athletics Band Drill Team
 Cheer Other (list): _____
 Yes No I would like for my classmates and/or their parents to be aware of my child's asthma.

Student Self-Administration (initial each statement to indicate agreement):

_____ I have been trained in the use of my inhaler and understand the signs and symptoms for which it is to be given.
 _____ I understand it is my responsibility to keep my medication with me during school, school activities and trips.
 _____ I will notify an adult **IMMEDIATELY** if I use my inhaler and do not experience relief from my asthma symptoms or if my symptoms worsen (teacher, nurse, coach, etc.)
 _____ I will not share, leave unattended, or use my medication in a way other than for which it is prescribed.
 _____ I will inform the school nurse and my parents if my medication is lost, stolen, damaged or expired.

Student Signature (if self-administering): _____ Date: _____

Backup medication provided school? Yes No Backup medication at school is recommended in case a student forgets or loses their medication. The school district is not responsible or liable if backup medication is not provided and student is without working medication when medication is needed. **Your signature gives permission for the nurse to implement this health plan and to contact and receive additional information from your healthcare provider regarding your child's condition(s) and prescribed medication. Asthma School Health Plan will be shared with school staff with legitimate educational interest.**

Parent/Guardian Signature: _____ **Phone:** _____ **Date** _____

This Section for Staff Use Only

Interventions: (check box to indicate activities appropriate for the student)

Select	Staff/Campus Interventions/Activities	Date/Initials
	Notify teachers, office staff, coaches/sponsors/extra-curricular; provide instruction on treatment, prevention measures and when to seek assistance or activate EMS (911)	
	Develop emergency response plan for administration of prescribed medication	
	Monitor environment and implement restrictions when:	
	Collaborate with staff to address issues that may be present during trips or off-campus, extended outdoor time, cold weather, poor air quality, etc.	
	Collaborate with staff to monitor air quality daily before outside activities	
	Encourage healthy indoor air quality, including minimizing the use of scented items	
Select	Student Interventions	Date/Initials
	Instruct student on medication safety, including methods for assuring correct administration	
	Review/instruct student on proper inhaler technique: <input type="checkbox"/> independent/proper technique observed <input type="checkbox"/> requires supervision/technique instruction <input type="checkbox"/> dependent on adult	
	Instruct student on proper use of: <input type="checkbox"/> spacer <input type="checkbox"/> nebulizer <input type="checkbox"/> peak flow	
	Encourage adequate hydration, including allowing student to carry water bottle	
	Review/assess student's ability to identify and avoid known asthma triggers: <input type="checkbox"/> independent <input type="checkbox"/> requires supervision/assistance <input type="checkbox"/> dependent	
	Allow student to set his/her own pace and self-limit activity	
	Encourage use of spacer; provide education and resources to family to obtain spacer	
	Provide/review self-administration training with student who carries their inhaler	
	Reinforce/review student's medication self-carry responsibilities	

Outcomes: Student will participate at school to the maximum extent possible; will demonstrate compliance with their medical management plan and age- or developmentally-appropriate self-care, including ability to avoid asthma triggers.

Indicate Staff Trained to Administer Medication (skills training checklists on file in campus clinic):

Campus RN signature/initials _____ / **Date:** _____ **Tel** _____