



### SELF ADMINISTER ASTHMA MEDICATION IN SCHOOL

(A new Self Administer form and Asthma Action Plan/providers orders need to be completed for each new school year).

School Year \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
LAST FIRST MI

In the simplest terms, asthma (reactive airway disease) is a lung condition that can make it difficult to move air in and out of the lungs. Asthma does require a diagnosis from a medical provider. In many cases, asthma management will include a combination of medications. If you would like the Health Office to administer the medication to the student, please fill out a Medication Administration Form or enter the medication in Parent Vue. If the student is planning to carry and self-administer the medication, please complete this form. In both situations, the Health Office still requires an Asthma Action Plan and/or doctor's orders for instructions on when to use the medication.

An Asthma Action Plan is a written, individualized worksheet/order that shows what steps to take to keep the student's asthma from getting worse, including when to take the prescribed medications (rescue inhalers/nebulizers). It also provides guidance on when to call a healthcare provider or when to go to the emergency room. Your provider may use their own format, write the plan in their notes/order, or you may use the attached template. All this information needs to be updated yearly or sooner if the medications/plan changes.

Medication (inhaler(s)) student will carry/utilize while at school: \_\_\_\_\_

- Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Healthcare Provider Name \_\_\_\_\_ Date \_\_\_\_\_  
Phone ( ) - \_\_\_\_\_ Signature \_\_\_\_\_

- As the Parent/Guardian, I authorization the student to carry and self-administer the medication(s) listed in the action plan/order. I have discussed with the student that the inhaler needs to be properly labeled for that student at all times.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

Health Office Use Only: The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine. Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_



# My Asthma Action Plan For Home and School

(This information needs to be updated yearly or sooner if the medications/plan changes.)

School Year \_\_\_\_\_

An Asthma Action Plan is a written, individualized worksheet/order that shows what steps to take to keep the student's asthma from getting worse, including when to take the prescribed medications (rescue inhalers/nebulizers). It also provides guidance on when to call a healthcare provider or when to go to the emergency room. Your provider may use their own format, write the plan in their notes/orders, or you may use this template.

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

LAST FIRST MI Asthma Severity Classification:  Ittermittent  Mild Persistent  Moderate Persistent  Severe Persistent

Asthma Triggers (list): \_\_\_\_\_

**Green Zone: Doing Well** Breathing is good, no cough or wheeze, can play/work with little interruption

Control Medicines:	Medicine	How much to take	When to take and how often	Take at
_____	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School
_____	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School
_____	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School

Physical Activity:  Use Albuterol/Levalbuterol Inhaler \_\_\_\_\_ puffs or Neb, 15 minutes before  All activity  as needed

**Yellow Zone: Caution** Some cough, wheeze, tight chest, Some problems playing/working, wakes at night

Quick-relief medication:  
 Albuterol/Levalbuterol Inhaler \_\_\_\_\_ puffs or Neb every 20 minutes for up to 4 hours as needed  
 Add \_\_\_\_\_  Change to \_\_\_\_\_

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

**Red Zone: Get Help Now** Problems breathing, cannot work or play, getting worse, medicine not helping

Take Quick-relief medicine NOW!  Albuterol/Levaalbuterol \_\_\_\_\_ puffs or neb \_\_\_\_\_ (how frequently)

CALL 911 IMMEDIATELY IF YOU SEE DANGER SIGNS:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

Health Care Provider: Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

I give permission for the Health Office provider or other school staff to administer the medications listed above in the action plan. For students that self-carry medications, the school may assist with medication as needed.

I consent the release of information and communication to and from the health care provider listed on this form as related to the health of the student.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_