

Asthma Packet

New forms must be completed annually.

Please Note

- Your healthcare provider must complete the asthma action plan. A new plan must be submitted annually before the first day of school.
- Your child's inhaler must have the prescription label with the student's information affixed to the original packaging.
- If your child is going to self-carry their inhaler, a parent and physician must authorize the self-carry portion on the medication request form.
- The parent questionnaire will provide our health office personnel with additional information for 504 plans and staff training

Dear Parent/ Guardian:

Evanston/Skokie School District 65 addresses the needs of students with chronic medical conditions who attend its schools. Your student has been identified as a child with asthma attending a school within School District 65 and your child's health needs are important to us. An increased awareness of asthma is needed to keep students safe at school. Asthma information and recommended actions for responding to emergency events, including emergency medication, should be provided to your health office personnel on an annual basis and when anything has changed with your child's medical needs. In order for the health services team to properly care for your student, we ask that you review the enclosed information.

The asthma packet includes an asthma action plan, an asthma history questionnaire, and a medication request form with self-carry/self-administration authorization that must be completed if your child will carry their inhaler on them while in school. These forms are required before the first day of school to allow the health office personnel time to review and address any questions or special considerations.

Please feel free to contact us with questions or concerns.

Jeanne McCullough, MSN, RN, PEL-CSN
Director of Health Services
Evanston/Skokie School District 65

Asthma Action Plan

An asthma action plan will be requested annually and should be submitted to your student's health office before the first day of school. This is a plan that is to be completed by your student's healthcare provider that contains medical orders in the event that your student experiences an asthmatic event while at school. In order for your student to self-carry their emergency medication, a physician and parent must authorize this on the Medication Authorization form listed below. If this is not authorized, all medications must be kept in the health office.

[AsthmaActionPlan ENG](#)

[AsthmaActionPlan SPA](#)

Parent Asthma Questionnaire

Please provide updates to your child's Asthma Parent Questionnaire annually and when anything has changed with your child's medical needs.

[Asthma Questionnaire English](#)

[Asthma Questionnaire Spanish](#)

Asthma Medications

When a student's licensed health care provider and parent/guardian believe that it is necessary for the student to take prescription and/or over-the-counter medication during school hours and/or for emergency care, a request for the school to administer the medication to the student, or for the student to self-administer medication must be submitted. No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed [Medication Authorization Form](#) is received. Medication Authorization Forms must be signed by a healthcare provider as well as the parent/guardian and submitted to the school health office. This form is valid for the current school year and must be renewed annually at the beginning of each school year.

Illinois law requires that the prescription label (on the box) of the asthma inhaler be provided to the school, which will serve as healthcare provider authorization. A Medication Authorization Form and Asthma Action Plan is required for the child who will self-carry/self-administer their inhaler. These forms must be renewed annually. The School District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication.

[Medication Authorization Form](#)

[Student Medication Information](#)

Release of HealthCare Information

The Authorization To Release / Exchange Confidential Information form allows a parent/guardian to give authorization to a school designee access to their child's health records and allows for healthcare providers to share health information if requested by the designee.

[Release of Information \(ROI\)](#)