



MILFORD SCHOOL DISTRICT STUDENT ASTHMA AND SELF CARRY INHALER PLAN

Student Name _____ Grade _____ DOB _____
School _____ School Year _____ Student ID _____
Parent Guardian _____ Phone _____

EMERGENCY CONTACTS AND HEALTHCARE PROVIDER

Emergency Contact 1 _____ Relationship _____ Phone _____
Emergency Contact 2 _____ Relationship _____ Phone _____
Healthcare Provider _____ Phone _____

ASTHMA TRIGGERS AND MEDICATION

Known triggers ☐ Exercise ☐ Illness ☐ Weather / temperature ☐ Animals ☐ Allergies ☐ Smoke / odors

Other Triggers _____

Rescue Inhaler or Medication _____ Dose and Directions _____

Additional Medication or Spacer _____ Dose and Directions _____

SCHOOL RESPONSE PLAN FOR AN ASTHMA EPISODE

1. Student uses the prescribed rescue inhaler or medication and rests for 10 to 15 minutes.
2. If peak flow monitoring is ordered, follow the student's personal best and provider directions.

Personal Best Peak Flow _____ Contact Parent Guardian if below _____

3. **CALL 911 IMMEDIATELY for severe breathing difficulty, inability to walk or speak normally,**
blue or gray lips or nails, severe retractions, or no improvement after treatment.
4. Notify the school nurse and Parent Guardian of the episode, treatment given, and actions taken.
5. The student reports each self administered inhaler use to the school nurse as soon as possible.

HEALTHCARE PROVIDER AUTHORIZATION FOR INHALED MEDICATION

- ☐ Student has been instructed in proper use and demonstrates knowledge and skill to carry and self administer.
- ☐ Student should not carry or self administer the inhaled medication.

Provider Signature _____ Date _____

Additional Instructions _____

PARENT GUARDIAN CONSENT AND SCHOOL NURSE REVIEW

I authorize my child to carry and self administer the inhaler or medication as ordered by the healthcare provider.
I will provide properly labeled medication and notify the school nurse of any change. Misuse, sharing, or failure to
report use may require reassessment of self carry privileges in accordance with district procedures.

Parent Guardian Signature _____ Date _____

School Nurse Review and Signature _____ Date _____