

ASTHMA SCHOOL CARE PLAN

Student Name: _____

School: _____

Date of Birth: _____

Grade: _____

Student Number: _____

EMERGENCY CONTACT INFORMATION:

| Contact Name | Relationship to Student | Phone Number |
|--------------|-------------------------|--------------|
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DAILY ASTHMA MANAGEMENT PLAN: Identify the things which start an asthma episode (please circle each that applies to the student).

Exercise

Animals

Chalk Dust

Strong Odors/Fumes

Pollens

Molds

Carpets in Room

Change in Temperature

Respiratory Infections

Food (please list) : _____

Other: _____

Additional Information/Comments: _____

EMERGENCY PLAN FOR ACUTE ASTHMA EPISODE:

Symptoms typically seen: _____

Instructions for treatment: _____

MEDICATIONS TO BE GIVEN AT SCHOOL (IF ANY):

| Name of Medication | Dosage | Time |
|--------------------|--------|------|
| | | |
| | | |
| | | |
| | | |

ALL CURRENT MEDICATIONS:

| Name of Medication | Dosage | Time |
|--------------------|--------|------|
| | | |
| | | |
| | | |
| | | |

HEALTH CARE PROVIDER AUTHORIZATION – REQUIRED IF MEDICATION IS NECESSARY AT SCHOOL

The above-named student is under my care. I feel it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times. The medication prescribed for this student is:

Medication Name: _____ Type (inhaler, tablet, etc.): _____

Dosage: _____

Possible Side Effects: _____

Signature of Health Care Provider: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

- I authorize my child to carry and self-administer the medications described above consistent with Utah Code 53A-11-602.
- I do not authorize my child to carry and self-administer this medication. Please keep my child’s medication with appropriate school personnel.

My child and I understand there are serious consequences, which may include suspension, for sharing medication with others.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

IMPORTANT INFORMATION

For more information on the Asthma Inhaler Bill, please see the “Frequently Asked Questions” located on the Box Elder School Nurses website, at www.nurses.besd.net or contact your School Nurse.

The misuse and/or sharing of an inhaler by the student comes under the guidelines of the Box Elder School District “Safe School Policy”, #5005.