

Student name: _____ Date of Birth: _____

**For Health Care Provider: Please complete this section:
Medications to be taken at School**

Medication name	How much and how often?	When is it taken?

5. **School management of asthmatic episode:** be specific: (ie: bronchodilator before physical activity or cold weather recess; scheduled times vs. prn; Additional medications during illness.) **Please describe further (attach additional sheets if needed) in order for the school to response appropriately.**

a. Does the student know when medication is needed? YES NO b. Spacer required for their inhaler? YES NO
 c. Is student inhaler proficient? YES NO Neb form needed? YES NO Does student need assistance? YES NO

In order for student to carry their own medication at school, the student self-administration form needs to be filled out, available on our website.

Any other comment: _____

Physician/NP/PA signature _____ Date _____

6. At what point do you want the school to contact you, as parents, regarding your child's breathing episode? _____

7. If your child continues in distress, what action do you advise the health office to take? _____

8. If there anything else you would like to add about your child's breathing? _____

I request that the above medication(s) be given during school hours or while on field trips for the above mentioned condition as ordered by my child's physician/licensed provider. I will notify the school of any change in the medication (dosage changes, or stopping of medication, etc.) I give permission for the school nurse to consult with the above student's physician/licensed prescriber regarding any questions that arise with regard to the listed medical condition and medication if used. Medications must be in their original containers, clearly labeled with the child's name and directions for giving the medication. Legally you may refuse to sign for the medication. If you refuse to sign we will not be able to administer the medication by school personnel. This consent may be revoked, at any time, by sending a written note to the licensed school nurse. This information will not be released to any third party payer.

Parent/Guardian signature _____ Date _____

In case of breathing difficulties:

<u>Symptoms (If you see this):</u>	<u>Actions to Take (Do this):</u>
Breathing difficulties Unusually fast or slow breathing Unusually deep or shallow breaths Gasping for breath, wheezing or coughing Appears or reports feeling short of breath Difficulty talking or walking Tightness in chest, upset stomach, restless or anxious Blue or gray discoloration of lips or fingernails	Remain calm, reassure and stay with the child Give medication as ordered on top of this form Notify school health office as soon as able Have student sit up and breathe evenly, breathing in through nose and breathing out through pursed lips Give sip of room-temperature water Elevate arms to shoulder level and provide support for arms (desk or back of chair) Notify 9-1-1, parent/guardian, school nurse, if not improving

WHEN TO CALL 911

If no improvement 5-10 minutes after using medication or no medication available	Chest and neck pulled in with breathing
If worsening breathing symptoms:	Trouble walking or talking
Child is struggling to breathe;	Increasing anxiety, confusion
Lips or fingernails are gray or blue	