

ASTHMA SCHOOL MANAGEMENT/ EMERGENCY PLAN

Section 1: Parent (Please Print):

DOB: _____

Weight: _____

Student Name: _____

Known Allergies/Triggers _____

Medications Taken At Home: _____

Transportation To and From School: _____

AM: _____

PM: _____

Parent Contact	Name	Cell Phone	Work Phone

Emergency Contact	Name	Cell Phone	Work Phone

Physician: _____

Phone Number: _____

Preferred Hospital in Case of Emergency: _____

Section II: Physician (Please Print)	Student will self-carry/self-administer medication?
IF YOU SEE THIS....	DO THIS...
Student complains of: <ul style="list-style-type: none"> • Tightness in chest • Coughing • Wheezing • Other: _____ 	1. Administer (Requires a School Medication Prescriber/ Parent Authorization) Medication/Dose: _____ 2. Route: <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer 3. Observe student for change in condition 4. Allow student to return to class if symptoms relieved after medication
If no change in symptoms after 15 minutes of medication administration	1. Administer: (Requires School Medication Prescriber/ Parent Authorization) Medication/dosage: _____ 2. Route: <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer 3. Notify parent of administration of medication x2 4. Maintain student in sitting position 5. Limit physical activity
If no improvement in symptoms after 2 nd dose of medication and unable to contact parent after 2 nd dose is administered	1. Call 9-1-1 (Continue to try calling parent/emergency contacts) 2. Remain with student until EMS personnel arrive 3. Encourage slow deep breathing, rest 4. Maintain student in sitting position
Student is hunched over, has difficulty breathing, is unable to speak, uses neck/shoulder muscles to assist in breathing effort, lips and/or nailbeds are blue in color.	1. Call 9-1-1 2. Notify parent 3. Remain with student until EMS personnel arrive 4. Encourage slow deep breathing, rest, reassurance 5. Maintain student in sitting position
If student becomes unconscious....	1. Call 9-1-1 2. Stay with student 3. Notify parent
Bus Plan:	Pullover, call 9-1-1, stay with student, Notify school, Notify Parent

All medications given at school require a School Medication Prescriber/Parent Authorization (PPA) signed by the prescriber.

If student "self-carries" and "self-administers" medication, will a "back-up" dose be kept with the school nurse? Yes No

For FIELD TRIPS: the student's medication/inhaler should NOT be left on the bus or with a teacher who is not with the student.

I UNDERSTAND AND AGREE WITH THIS MANAGEMENT PLAN:

I give permission for my child to be transported to the hospital indicated on this form, in the event of an emergency.

I give permission for the release of my child's medical information, in the event of an emergency.

Physician Signature Date Parent Signature Date School Nurse Signature Date

Teacher Signature Date Sponsor/Coach Signature Date

FOR SCHOOL NURSE USE ONLY

Medication	Self-Carry?	Self-Administer?	Expiration Date	Location of Medication