



Shawano School District

HEALTH SERVICES - Asthma Action Plan

<input type="checkbox"/> Hillcrest Primary School 715-524-2134 (Fax) 715-524-1151	<input type="checkbox"/> Shawano Middle School 715-526-2192 (Fax) 715-526-5037
<input type="checkbox"/> Olga Brener Intermediate School 715-524-2131 (Fax) 715-524-9899	<input type="checkbox"/> Shawano High School 715-526-2175 (Fax) 715-524-8414

ASTHMA MEDICATION AUTHORIZATION

Student's Name _____ Date of Birth _____ School year _____
 Parent/Guardian _____ Phone _____
 Cell phone/Alternate phone _____
 Health Care Provider _____

DAILY MEDICATIONS (usually taken at home):
Location of medication while at school: (circle one) Office / student's backpack / student carries on person / student's locker / other:

Health Care Provider: Please complete all items below, sign and date. THANK YOU!

<p><u>SCHOOL INSTRUCTIONS FOR RESCUE INHALER</u></p> <p>If student has</p> <p style="padding-left: 20px;"><input type="checkbox"/> Coughing <input type="checkbox"/></p> <p>Wheezing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest</p> <p>tightness</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other _____</p> <p>Medication _____</p> <p>Dose _____</p> <p>Frequency _____</p>	<p><u>INSTRUCTIONS FOR EXERCISE</u></p> <p><input type="checkbox"/> Use rescue inhaler prior to phy-ed</p> <p><input type="checkbox"/> Use rescue inhaler prior to recess</p> <p>Always _____</p> <p>Only when _____</p> <p><input type="checkbox"/> Student should not be outdoors when temperature is < _____</p>
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Physician authorization: Student may carry inhaler. Student may NOT carry inhaler.

Physician Name _____ **Phone** _____
Physician Signature _____ **Date** _____

<p><u>EMERGENCY If the following is observed, CALL 911 IMMEDIATELY</u></p> <ul style="list-style-type: none"> Symptoms are getting worse following rescue inhaler administration. Student is struggling to breath- unable to speak or speaking in single words. Bluish lips, tongue, face. Wheezing began suddenly after eating, an insect bite, or taking a medication. Student becomes unconscious or faints.

Parent Authorization: Student may carry inhaler. Student may NOT carry inhaler.
 Parent Authorizes the exchange of information about this child's asthma between the physician's office and the school nurse.

Parent Signature _____ **Date** _____