

PERMISSION FOR PRESCRIPTION INHALERS

Name of Student: _____

School: _____ Grade _____

Teacher: _____

Medication: _____

Amount to be administered: _____

Time of day or how often it should be administered _____

Manner in which it should be administered: _____

Date medication was started: _____

Anticipated number of days it will be needed: _____

Date: _____

**Signature of Physician (PLEASE REVIEW
EMERGENCY ACTIONS ON BACK)**

I give permission for my child, named above, to take the prescribed inhaler at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers this drug, in accordance with written instructions from the physician, shall not be liable for damages which might occur from an adverse drug reaction suffered by the student as a result of administering such drug.

- **Note: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage, and times to be administered.**

Date _____

Signature of Parent or Guardian

PERMISSION TO SELF-CARRY INHALER

I give permission for my child to carry his/her inhaler throughout the school day. I understand the school and/or employees are not liable for misused, empty, misplaced, lost, damaged or stolen inhalers. I also understand the inhaler needs to be checked by the nurse, before a student will be allowed to carry it on his/her person.

Signature of Parent or Guardian

ASTHMA HEALTH MANAGEMENT PLAN

Student: _____ D.O.B. _____

School: _____ Today's Date _____

Doctor: _____

All current medications:

	Name	Dosage	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The following items/conditions are most likely to trigger an asthma episode in my child:

_____.

My child's personal best peak flow reading is: _____

My child has a breathing machine (nebulizer): _____yes _____no

EMERGENCY ACTIONS FOR SCHOOL PERSONNEL

The following are possible signs of an asthma emergency:

- Coughing, wheezing, shortness of breath
- Difficulty breathing, walking or talking
- Pale or gray discoloration around the mouth, or of the lips or fingernails
- Failure of inhaler to reduce worsening symptoms
- Yellow or red zone of peak flow meter or reading < _____

If you observe any of the above signs:

1. Page the school nurse
2. Call parent/guardian
3. Call emergency medical services (EMS), 911, if told to do so by the nurse, parents, or in your judgment the child needs emergency care.

4. _____

