

Granby Public Schools

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Name: _____ Date of Birth: _____ Grade: _____ Room: _____

Physician/Healthcare Provider: _____ Phone #: _____

The following to be completed by healthcare provider:

Provider's Signature: _____ Start Date: _____ End Date: _____

Severity Classification:

☐ Intermittent ☐ Mild Persistent

☐ Moderate Persistent

☐ Severe Persistent

Triggers:

☐ Colds ☐ Smoke ☐ Weather

☐ Exercise ☐ Dust ☐ Animals

☐ Food ☐ Other: _____

Exercise:

Premedication: _____

Dose: _____ When: _____

Green Zone: Doing Well

Control Medications

Symptoms: _____ Medicine _____ Dose _____ When _____

Breathing is good _____

No cough or wheeze _____

Can play and work _____

Sleeps well at night _____

Yellow Zone: Getting Worse Contact family if using quick relief medication more than 2 times a week:

Some problems breathing _____

Cough, wheeze, chest tightness _____

Problems working or playing _____

Wakes up at night _____ ☐ Student can self-administer the above medication

Red Zone: Medical Alert

Add the following medication:

Lots of problems breathing _____ Medication _____ Dose _____ When _____

Cannot work or play _____

Getting worse instead of better _____

Medication not helping _____ **Contact family immediately!**

Call for an ambulance if: ☐ Still in the red zone after 15 minutes ☐ Lips and/or fingernails are blue

I request that my child be assisted in taking the above medication as prescribed by the healthcare provider per the asthma action plan above during school hours by an authorized person. My child is permitted to self-medicate themselves as prescribed by the healthcare provider, authorized by me, or as in accordance with DPH regulations on self-administration of prescription medications (105 CMR 210.06). In the event of a field trip, delegation will be at the discretion of the school nurse. I give my permission for the school nurse to discuss with school staff as necessary the information on this form.

Parent/Guardian Signature _____ Date _____

Home #: _____ Cell #: _____ Emergency #: _____

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Every Student Every Classroom Every Day

The Granby Public Schools strives to provide a safe, respectful, and supportive learning environment in which all students can thrive and succeed in its schools. The Granby Public Schools prohibits discrimination on the basis of race, color, sex, gender identity, religion, disability, national origin, sexual orientation, or homelessness and ensures that all students have equal rights of access and equal enjoyment of the opportunities, advantages, privileges, and courses of study.