Mid-Buchanan R-V School District
FAX: 816-238-2484

Long-term medication may be given by district personnel provided that the prescribing physician completes this district medication permission request for:

Student's Name: _____ School: _____ Date of Birth: _____

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE PHYSICIAN

_____

Physician's Name Address Telephone

Name of Medicine: _____Dosage: _____ Form: _____

Diagnosis for which medication is to be given: _____

If medication is to be given daily, at what time? _____

If medication is to be given, "When Needed", describe indications: _____

_____

How soon can it be repeated? _____

Is the student authorized to carry and/or administer medication or bronchodilators to him/herself?

_____YES _____ NO

List significant side effects: _____

Length of time this treatment is recommended: _____

Other Information: _____

Medications for emergency health conditions must with complete instructions for administering the medication.

Date: _____ Physician Signature: _____

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THE FOLLOWING IS TO BE COMPLETED BY THE PARENT

I hereby give permission for _____ to take the above prescription and/or medication at school as ordered. I understand that it is my responsibility to furnish the medication. I further understand that the above information will be completed by the attending physician or dentist before any medication will be administered, and the medicine will be administered in accordance to their written instructions.

Date: _____ Signature of Parent/Guardian:_____

NOTE: The medication is to be brought to the school in the prescription container appropriately labeled by the pharmacy or physician, stating name of medication, the dosage, time to be administered and the name of the student.

Asthma Action Plan

AMERICAN LUNG ASSOCIATION.

General Information:

- Name _____
- Emergency contact _____ Phone numbers _____
- Physician/Health Care Provider _____ Phone numbers _____
- Physician Signature _____ Date _____

Severity Classification	Triggers	Exercise
○ Mild Intermittent ○ Moderate Persistent ○ Mild Persistent ○ Severe Persistent	○ Colds ○ Smoke ○ Weather ○ Exercise ○ Dust ○ Air pollution ○ Animals ○ Food ○ Other _____	1. Pre-medication (how much and when) _____ _____ 2. Exercise modifications _____ _____

Green Zone: Doing Well

Peak Flow Meter Personal Best =

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or _____

Control Medications

Medicine	How Much to Take	When To Take It

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50 to 80% of personal best or

_____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When To Take It

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- ○ Take quick-relief medication every 4 hours for 1 to 2 days
- ○ Change your long-term control medicines by _____
- ○ Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- ○ Take quick-relief treatment again
- ○ Change your long-term control medicines by _____
- ○ Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter

Between 0 to 50% of personal best or

_____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When To Take It

Go to the hospital or call for an ambulance if

- ○ Still in the red zone after 15 minutes
- ○ If you have not been able to reach your physician/health care provider for help
- ○ _____

Call an ambulance immediately if the following danger signs are present

- ○ Trouble walking/talking due to shortness of breath
- ○ Lips or fingernails are blue