



# Asthma Action Plan/ Medication Authorization Form/School Health



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Phone for Doctor or Clinic: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Self Med (see physician recommendations on back) Medication will be kept:  class  nurse  book bag

**Green - Go** Use these maintenance medications as your doctor advises to keep your asthma symptoms in the green

- Breathing is normal/good.
- No cough, wheeze, chest tightness
- Can work and play without asthma symptoms
- Sleeps well at night

List of Maintenance Medications taken at home  Medications to be given at school  Please indicate below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please keep the school nurse updated with any medication changes to assist with quality asthma education.

**Asthma Severity Classification:**

- Intermittent  Mild  Mild Persistent
- Moderate Persistent  Severe Persistent

Known asthma triggers: \_\_\_\_\_

**Other - Exercise Related** Use one of these medications before indicated level of activity or condition listed to prevent symptoms during PE/Recess, sports, or outside activities.

**Student has asthma symptoms with this level of exercise or condition(s):**

- Mild exercise: \_\_\_\_\_
- Moderate exercise: \_\_\_\_\_
- Outside activities: \_\_\_\_\_
- Use only during episodes of asthma flare: \_\_\_\_\_

Albuterol MDI 90mcg/1 puff, **OR**  \_\_\_\_\_, give  2 puffs or,  4 puffs, inhaled by mouth 5 – 15 minutes **before** indicated level of exercise or condition.  with spacer if provided.

Nebulized Albuterol 2.5mg/vial **OR**  \_\_\_\_\_, give \_\_\_\_\_ vial(s) inhaled by mouth via nebulizer, 5 – 15 minutes **before** indicated level of exercise or condition.

Other: \_\_\_\_\_

**Yellow - Caution** Use these medications for one or more of the signs and symptoms of a breathing problem!

- Cough
- Wheeze
- Chest tightness
- Problems working or playing due to asthma symptoms
- Waking at night due to asthma
- First sign of a cold

Albuterol MDI 90mcg, **OR**  \_\_\_\_\_, give  2 puffs or  4 puffs, inhaled by mouth via inhaler  with spacer if provided. **IF there is no improvement** 20 minutes after taking this rescue medication, then

Repeat the above medication **every** 20 minutes up to a maximum of \_\_\_\_\_ doses.

**OR**

Nebulized Albuterol 2.5 mg/3ml, **OR**  \_\_\_\_\_ give \_\_\_\_\_ Vials inhaled by mouth via nebulizer. If symptoms do not improve in 20 minutes, then  repeat the above nebulized medication x 1.

Other: \_\_\_\_\_

**For continued asthma symptoms, call your medical provider! For worsening asthma symptoms call 911! Do not leave student alone! Student must be accompanied by an adult until there are improvement of symptoms or medical help is obtained.**

**Red - Danger** Follow directions in the Yellow Zone for medication use!

- Breathing is hard and fast
- Nostrils are open wide and moving
- Difficulty speaking
- Coughing that is excessive
- Unable to sleep due to breathing issues
- Ribs are noticeable while breathing
- Stomach is moving with breathing
- Drowsy, tired, cannot walk

**For continued asthma symptoms, call your medical provider! For worsening asthma symptoms call 911!**

**Do not leave student alone! Student must be accompanied by an adult until there are improvement of symptoms or medical help is obtained.**

**Parent/Physician/Nurse: Read and sign back of this page!**

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Name Printed:** \_\_\_\_\_

**All medication orders expire at end of school year unless otherwise indicated:** \_\_\_\_\_

**It is recommended by Physician indicated above that student may self-medicate: yes  or no**

(note: students that self-medicate in grades K – 5, or otherwise indicated, are to consult with school nurse)

**Autorización de los padres para que los medicamentos sean administrados por la enfermera/personal de la escuela:**

- Por la presente, doy autorización para que mi hijo/a (nombrado arriba) reciba medicamentos durante las horas escolares.
- Este medicamento ha sido recetado por un proveedor de salud licenciado.
- Por la presente, libero a la Junta Escolar y a sus agentes y empleados de toda responsabilidad que pueda resultar de que mi hijo/a tome un medicamento recetado.
- Este consentimiento es bueno para el año escolar, a menos que sea revocado.
- Suministraré todos los medicamentos para uso en la escuela en un contenedor debidamente etiquetado por la farmacia con información identificativa, (nombre del niño, medicación dispensada, dosis recetada, y el tiempo que se debe dar o tomar).

**Firma del Padre/ Tutor :** \_\_\_\_\_ **Teléfono :** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Autorización de los padres para que los medicamentos sean auto-ADMINISTRADO por sus hijo/a:**  
(vea el contrato abajo)

- Estoy de acuerdo con la autorización del medicamento, tal como fue escrito por el proveedor médico anterior.
- Por la presente, doy autorización que a mi hijo/a se le permita llevar y auto-administrar el medicamento en la escuela como ha sido recetado por un proveedor de cuidado de salud licenciado. Entiendo que mi hijo/a debe llevar este medicamento en todo momento en la escuela o perderá el derecho a llevarlo. Además, entiendo que la escuela no asume ninguna responsabilidad por la administración del medicamento. Por la presente libero a la Junta Escolar, a sus agentes y empleados, de cualquier y toda responsabilidad que pueda resultar de que mi hijo/a tome este medicamento. Mi hijo está bien informado acerca de este medicamento y cómo auto-administrárselo por sí mismo.
- Estoy de acuerdo en asegurar que el medicamento tenga una etiqueta de farmacia con el nombre de mi hijo.

**Firma del Padre/ Tutor :** \_\_\_\_\_ **Teléfono :** \_\_\_\_\_ **Fecha :** \_\_\_\_\_

**School Nurse Signature/Order Review:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Contract for Self-Administered Medication (Contrato del estudiante para la medicación auto-administrada)**

Student Responsibilities:

- I plan to keep my inhaler, equipment, Epi-pen or other medication with me at school rather than in the school nurse's office.
- I agree to use my inhaler, equipment, Epi-pen or other medication in a responsible manner, in accordance with my licensed health care provider's orders.
- I will notify the school health office or main office if I am having more difficulty than usual with my health condition.
- I will not allow any other person to use my inhaler, equipment, Epi-pen or other medication.
- I will carry the least amount of medication possible in its original container.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

School Nurses Responsibilities:

- Emergency Action Plan complete and on file at school
- Demonstrates correct use/administration
- Recognizes proper and prescribed timing for medication
- Agrees to carry medication or keep in an established location
- Knows health condition well
- Keeps a second labeled container in the health room
- Will not share medication or equipment with others.

**School Nurse Contract Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important Information about Medication Use in School**

- No medication will be given at school until this authorization has been reviewed and signed off by the School Nurse.
- Medications are given by a nurse or school staff trained by the School Nurse.
- Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use.
- Information about this medication and the student's health may be shared with other school staff or agents of the school to help assure the student's safety and success at school.
- The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication.
- New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. Parents/guardians must supply the medication.