

INDIVIDUAL STUDENT ASTHMA MANAGEMENT PLAN
(with Emergency Procedure)

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| STUDENT INFORMATION: (Please print) | | | | STUDENT PHOTOGRAPH |
| Name of Student: | | | | |
| Birth Date: (dd/mm/yyyy) | | Medic Alert I.D.: | | |
| Grade: | | Room #: | | |
| Name of Teacher: | | | | |

KNOWN ASTHMA TRIGGERS:

- Colds/flu/illness Physical activity/exercise Pet dander Cigarette smoke
 Dust Cold weather Strong smells
 Allergies (specify): _____
 Other (specify): _____
 Asthma trigger avoidance instructions: _____

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

- When student is experiencing asthma symptoms (e.g. trouble breathing, coughing, wheezing).
 Other (explain): _____

Use reliever inhaler (name of medication): _____ in dose of (# of puffs) _____.

Spacer (valved holding chamber) provided? Yes No



Place a check mark beside the type of reliever inhaler that the student uses:

- Salbutamol  Airomir  Ventolin  Bricanyl  Other (specify): _____

Student **requires assistance** to access reliever. Inhaler must be readily accessible by teacher or supervisor.

- Reliever Inhaler is kept: With teacher/supervisor – location _____
 In locker # _____ Locker combination: _____
 Other location (specify): _____

Student **will carry** his/her reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities, and field trips.

- Reliever inhaler is kept in student's: Pocket Backpack/Fanny pack
 Case/pouch Other (specify): _____

Does student require assistance to **administer** reliever inhaler? Yes No

Student spare reliever inhaler is kept: In main office (specify location): _____
 In locker #: _____ Locker combination: _____
 Other (specify): _____

Individual Student Asthma Management Plan for _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are usually taken regularly every day to control asthma. Usually they are taken in the morning and at night, so generally not taken to school (unless the student will be participating in an overnight activity).

Use/administer _____ in the dose of _____ at the following times: _____
(Name of Medication)

Use/administer _____ in the dose of _____ at the following times: _____
(Name of Medication)

Use/administer _____ in the dose of _____ at the following times: _____
(Name of Medication)

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION

(Pr ST:11B FORM A must also be completed).

We agree that _____:
(Student Name)

- Can **carry** his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
- Can **self-administer** his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
- Requires assistance** with administering his/her prescribed medications and delivery devices to manage asthma while at school or during school-related activities.
- We will inform the school of any change in medication or delivery device. The medications cannot be beyond the expiration date.

EMERGENCY PROCEDURE

At any sign of difficulty, enact the following procedure.

DON'T HESITATE. IT CAN BE LIFE-SAVING.

1. **Location of inhaler:** Student Teacher Locker
2. **Administer the inhaler at the first sign of symptoms.** An adult **MUST** stay with the child at all times. Do not send the child to the office.
3. **If reaction continues or worsens: Contact office or another adult for assistance.** Call ambulance (dial 911). Tell them you have a student who has asthma and is in respiratory distress and have administered their inhaler. Provide the 911 operator the address and telephone number of the school. Provide the exact location of the emergency.
4. Call Dr. _____ at _____
5. Call the parent's/guardian's emergency number:
Home Phone: _____ Mother's #: _____ Father's #: _____
6. Note and record here: Time of Incident: _____ Time of Administration of Inhaler: _____
Circumstances: (where) (what allergen triggered attack): _____
7. Student's health record: _____
8. Give this form to the adult accompanying the child in the ambulance.
9. The child should rest quietly. Help student to remain calm and to breathe normally.
10. Observe and monitor the student until the ambulance arrives.
11. Remain with the student until the ambulance arrives.
12. Accompany child to the hospital.

We, the parents/guardians of: _____ give permission for this Individual Student Asthma Management Plan to be displayed in the school office, staff room, homeroom, school bus, cafeteria, food service office, and for other parents and concerned individuals to be advised of our child's asthma condition.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Principal: _____ Date: _____

Signature of Teacher: _____ Date: _____

Parent/Guardian Phone #'s: Daytime: _____ Cell: _____ Alternate: _____