

**SCHOOL MANAGEMENT PLAN: ASTHMA**

**Section I - Parent**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Known Allergies/Triggers: \_\_\_\_\_ Wt. \_\_\_\_\_

Medications Taken at Home: \_\_\_\_\_

Bus Transportation to and from school: Bus # a.m. \_\_\_\_\_ Bus # p.m. \_\_\_\_\_

Parent Contact: \_\_\_\_\_  
 Name Cell # Home # Work #

Emergency Contact: \_\_\_\_\_  
 Name Cell # Home # Work #

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital in Case of Emergency: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy/Group # \_\_\_\_\_  
 (optional) (optional)

**Section II – Physician: Student will self-carry/self-administer medication?  Yes  No**

IF YOU SEE THIS...	DO THIS...
Student complains of: Tightness in chest, Coughing, Wheezing Other:	1. *Med/Dose: _____ 2. Route: Inhaler <input type="checkbox"/> Nebulizer <input type="checkbox"/> 3. Observe student for change in condition 4. Allow student to return to class if symptoms relieved after medication.
If no change in symptoms after 15 minutes of medication administration...	1. *Med/Dose: _____ 2. Route: Inhaler <input type="checkbox"/> Nebulizer <input type="checkbox"/> 3. Call parent about student using medication x 2 4. Maintain student in sitting position 5. Limited physical activity.
<b>* ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION SIGNED BY THE PRESCRIBER</b>	
If no improvement in symptoms after second dose of medication and unable to contact parent after second dose is administered...	1. Call 9-1-1 (Continue trying emergency contacts) 2. Encourage slow deep breathing, rest 3. Maintain student in sitting position
Student complains, is hunched over, has difficulty breathing, is unable to speak, uses neck/shoulder muscles to assist in breathing effort, lips and/or nail beds are blue in color	1. Call 9-1-1 2. Call parent/guardian 3. Rest, reassurance, calm slow deep breathing
If student becomes unconscious...	1. Call 9-1-1 2. Call parent/emergency contact

If student self carries and self-administers medication, may keep "back-up" medication/inhaler in clinic? YES  NO

When on field trips, the student's medication/inhaler should not be left on bus or with teacher who is not with student.

**I UNDERSTAND AND AGREE WITH THIS MANAGEMENT PLAN:**

*I give permission for my child to be transported to the hospital indicated on this form, in the event of an emergency.*

*I give permission for the release of my child's medical information, in the event of an emergency.*

\_\_\_\_\_  
Physician/Prescriber Signature Date

\_\_\_\_\_  
School Nurse Signature Date

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Staff Signature Date

**FOR SCHOOL NURSE USE ONLY**

Medication	Self Carry?	Self Administer?	Expiration	Location of Medication