

WESTMONT HILLTOP SCHOOL DISTRICT
Asthma Inhaler Guidelines

The Westmont Hilltop School District will cooperate with parents and their physician in the administration of asthma inhalers during the school day, according to the district medication policy #210, along with new guidelines established from Act 182 of the School Code. The school nurse/licensed medical practitioner must receive a written request from a physician before any inhalers may be administered/used by the student in school. The request must include the following: student's name, name of the medication, and dosage/frequency directions.

1. Parents and/or guardians need to provide written authorization to honor the physician's request.
2. Students may keep their inhalers in their possession after having demonstrated the capability for self-administration, and if they continue to demonstrate responsible behavior in the use of the inhaler.
3. All students must notify the school nurse/licensed medical practitioner immediately following **EACH** use of the inhaler while under school jurisdiction.
4. Students who refuse to follow these guidelines will have their inhaler confiscated, and will not be permitted to keep the inhaler in their possession.

Severity Classification:

Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma triggers: (list)

Name of Student: _____ **Grade:** _____

Diagnosis: _____

Name of medication: _____

Dosage: _____ **Time Schedule:** _____

Possible side effects: _____

Curtailement of school activities: _____

Allergies _____ **Discontinuation Date:** _____

Student is permitted to carry his/her inhaler: yes no

Physician signature: _____ **Date:** _____

I give permission for the medication identified above to be administered/used by my child during school hours. The district also bears no responsibility for ensuring that this medication is taken if the student has permission to carry it.

Parent/Guardian Signature: _____ **Date** _____

Child has demonstrated appropriate use of this inhaler to the school nurse.

Date: _____ **School nurse signature:** _____