ASTHMA PLAN

Student Name: ___________________________________ **DOB:** ___________

Diagnosis: ____

Triggers: ____

MEDICATIONS TO BE GIVEN AT SCHOOL

If peak flow available: use inhaler if ____________________

Quick Relief Inhaler: _______________________________

☐Use with spacer______puffs every_______ hours as needed for cough, wheezing, or shortness of breath.

☐ Use 5-10 minutes before exercise

☐ Repeat if not improved in _____ minutes

Other Medications: ________________________________

My signature below provides authorization for the above orders.

MEDICAL ALERT *

- Rapid breathing
- Not having enough breath to speak
- Persistent cough or wheeze.
- Decreased level of consciousness.
- Flared nostrils, tight neck muscles, sitting hunched forward.

*** **Call parent +/or 9-1-1 if these symptoms are present**

FOR SCHOOL USE:

Expiration date of inhaler: __________________________ (use pencil)

□ School to store medication in_________________________

□ Notify parent/guardian with time inhaler used for quick relief.

Call parent/guardian if not improved after above treatment

CLINIC/PROVIDER STAMP

My signature below provides authorization for the above orders.

All procedures will be accordance with state laws and regulation. This authorization is valid for one year.

Health Care Provider Signature: _______________________________________ **Date:** ___________

Parental Consent for Asthma Management in child care/school

As the parent or guardian of the above named student, I request that Beanstalk staff assist with the above medication as directed above and in accordance with all state laws and regulations. Beanstalk staff may communicate with the above health care provider about this student when necessary.

Parents/ Guardians must:

- Provide the necessary equipment (inhaler, spacer, etc.). The inhaler should be in the original packaging.
- Notify the school of any changes in student's health or medication plan.
- Notify the school immediately of any change in health care provider authorization.

Parent /Guardian Name: ______________________**Signature:** ______________________**Date:** ________