

School Asthma Action Plan

PARENT SECTION

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yyyy): _____ School: _____

Parent/Guardian Name: _____ Parent/Guardian #: _____

I, the undersigned, as legal parent /guardian of the above named student request a designated member of the school staff make Available the following listed medication(s) to my child as prescribed on this School Asthma Action Plan and in accordance with California law.

Parent/Guardian Signature: _____ Date: _____

MEDICAL TREATMENT PLAN *(To be completed by Health Provider)*

Asthma symptoms are triggered by : Exercise Dust Animal dander Strong odors or fumes Mold

GO, Student is doing well!	Daily Controller Medicines			
	MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/WHEN	WHERE
Student has <u>all</u> of these: * Breathing is good * No cough or wheeze * Sleep through the night * Can go to school and play				<input type="checkbox"/> Home <input type="checkbox"/> School
				<input type="checkbox"/> Home <input type="checkbox"/> School
				<input type="checkbox"/> Home <input type="checkbox"/> School

Exercise Pretreatment Instructions *(check all that apply)*

- Give 2 puffs of quick relief inhaler 15 minuets prior to recess/physical education as needed
- May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or _____

CAUTION- Slow Down!	Quick Relief Nedicen at School			
	MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/WHEN	WHERE
Student has <u>any</u> of these: * Cough * Mild wheeze * Trouble breathing				

DANGER-Get Help!	IF ANY OF THE FOLLOWING ARE HAPPENING, SEEK EMERGENCY CARE:
CALL 911	<ul style="list-style-type: none"> * Student doesn't feel any better 20-30 minuets after taking quick relief medicines. * Breathing is hard and fast * Nose opens wide * Can't talk well * Lips and fingernails are blue * Unrelieved coughing * Wheezing maybe gone (asthma is so bad that air is not moving) * Very weak and tired

Additional Comments: _____

- I have instructed this student in the proper use of his /her medications. Its my professional opinion that he/she should be allowed to carry and use this medication by him/herself.
- In my professional opinion, this student should not carry his/her medicine ant it should be stored in the health office.

MD/DO/NP/PA

Printed Name of Provider	Phone	
Provider Signature	CA License Number	Date

REGULATIONS FOR MEDICATION AT SCHOOL

The La Mesa-Spring Valley School District recognizes that some children need to take medication at school. To encourage school attendance, school personnel will assist in carrying out physician's recommendations. However, we request that the following precautions be observed for the safety of your child and others and to comply with the law.

1. Only medication prescribed by a **California licensed health care provider** as being necessary to be taken by the student in the manner listed on this form may be brought to school. Written parent permission is also required.
2. All medication **MUST BE BROUGHT TO THE SCHOOL HEALTH OFFICE BY AN ADULT** and accompanied by a "Medication Authorization and Plan" (form 09562), "School Asthma Action Plan" form or "Emergency Allergy Action Plan" form signed by parent/guardian and child's physician.
3. All medication brought to school will be secured in the health office and dispensed by trained staff according to the provisions listed on this form. Any special instructions for storage or security measures must be written by the health care provider and given to school personnel.
4. The prescription or manufacturer's container must be clearly labeled, agree with the "Medication Authorization and Plan" and include the following information:
 - Name of the student
 - Name of the prescribing provider
 - Pharmacy who dispensed the medication or the manufacturer
 - Expiration date must be included
 - Name and strength of the medication and the amount to be given (dose)
 - Method of administration (oral, inhaled, topical, etc.)
 - Specific time and/or specific situations in which the medication is to be given. (*Parents may want to ask the pharmacist for "school packaging" – a separate container labeled just for the school time dose.*)
5. Over-the-counter medication must be in its original container labeled with student's name and accompanied by written physician instructions.
6. Students carrying and administering their own medication must have the provider's written consent. The student will comply with the order as written and maintain the safety of the medication at all times. Students who need medication while at school may carry medication (such as; asthma inhalers, insulin, severe allergic reaction injections (Epi-Pen) and self-administer such medication under the supervision of school personnel, provided the following conditions are met. (1) A signed statement from the health care provider with the following information: (a) name of the medication, (b) how it is to be used, (c) dosage, (d) confirmation that the student is able to self-administer the medication. (2) A signed statement from the parent/foster parent/guardian with the following information: (a) consent allowing the student to self-administer his/her medication; (b) release allowing the school nurse or other designated school personnel to consult with the student's healthcare provider if questions or concerns arise; (c) release absolving the school district and school personnel from civil liability if the self-administering student suffers an adverse reaction.
7. A new "Medication Authorization and Plan" form or "School Asthma Action Plan" must be completed for any change in dose, time, or method of administration. **It will only be valid for the current school year.**
8. If there is no current medical authorization, parent may bring medication and administer the medication to his/her student in the health office. The parent must take the medication with them, since no medication will be stored in the health office without a current medical authorization plan. Parent designee may give the child medication, if the parent calls the health tech and gives a verbal authorization.
9. Medications must be picked up by the parent or guardian **AT THE END OF THE SCHOOL YEAR OR THEY WILL BE DISCARDED.**
10. For students with a current IEP from Special Education, this "Medication Authorization and Plan" serves as an Individual Health Plan (IHP) added to the Special Education file.