

St. Matthew School
Health Care Plan
Inhaler—Self-Administration

Student's Name _____ Grade/teacher _____

Date of birth _____ weight _____

Diagnosis _____

Asthma triggers _____

Current medications _____

Drug and non-drug allergies _____

Action Plan

Steps for an acute episode _____

Medication, Dosage and Frequency _____

Medication to be given before any activities _____

Circle signs and symptoms your child typically exhibits when experiencing difficulty with asthma: shortness of breath, cough, blue/gray lips/fingernails, wheezing, other _____

Environmental concerns _____

Restrictions _____

Age of diagnosis _____ Date of last asthmatic episode _____

Parent Contact _____

MD contact in emergencies _____

School nurse will provide the following information to school staff

The school office must have on file a signed note from doctor stating the student understands when to use and not use the inhaler, and the student understands proper technique using the inhaler. Note on file _____.

The school has a back up inhaler in the nurse's office _____.

Attach a copy of the prescription order for the inhaler (pharmacy label on inhaler box will suffice) to action plan Parent initials _____.

Parent and student understand that the inhaler is to be with the student during school hours—to all classes, PE, lunch, recess, Mass and all other activities.

Parent and student signatures

I give permission for my child to be given the above care

Parent signature _____

Date _____

I give consent for my child to carry home this medication

(Parent signature)

MD signature _____

School nurse signature _____

Date _____