

SCHOOL ASTHMA PLAN & MEDICATION ORDERS

Student's Name:	DOB:	Class/Teacher:
Health Care Provider:	Address:	Phone:
<i>My child's healthcare provider & the staff at North Wall Schools may share information about my child's asthma.</i>		
Parent/Guardian Signature:	Phone:	Date:

TO BE COMPLETED BY CHILD'S LICENSED HEALTHCARE PROVIDER (LHP):

Provider Name:	Phone:	Fax:
Allergies/Triggers:		
<input type="checkbox"/> STRONG ODORS	<input type="checkbox"/> PET DANDER	<input type="checkbox"/> DUST
<input type="checkbox"/> TABACCO SMOKE	<input type="checkbox"/> COLDS	<input type="checkbox"/> FOODS
<input type="checkbox"/> MOLD	<input type="checkbox"/> EXERCISE	<input type="checkbox"/> NONE KNOWN

Doing Well-Minimal Symptoms—No cough or wheeze, sleeps through the night/nap, can do regular activities

Preventative (Controller) Medicines— given at home Every Day As Needed

	Medicine:	Dose:	Device:
	Medicine:	Dose:	Device:
	Medicine:	Dose:	Device:

Caution Significant Symptoms— Cough, Wheeze, short or breath, can't do usual activities, loss of appetite

	<ol style="list-style-type: none"> 1. Give Quick Relief Medicine → 2. Call Parents 3. If child doesn't improve within 10-20 minutes, repeat treatment and call parents to pick up child. 	<p style="text-align: center;">Quick Relief Medicine Given at School</p> Medicine: Dose: Device:
--	---	---

Danger— Trouble walking, or talking, breathing very fast, skin in neck or between ribs pulling in, quick relief not helping.

	<ol style="list-style-type: none"> 1. Give Quick Relief Medicine (if dosage permits) 2. Call Parents. If unable to reach, call child's Healthcare Provider 3. CALL 911 if child does not improve within 5-10 minutes, or is getting worse
--	---

Possible Side Effects of Medication (s): _____		
<input type="checkbox"/> This student demonstrated correct use of the inhaler in the LHP's office as required. This student is able to carry and use inhalers <input type="checkbox"/> YES <input type="checkbox"/> NO		
Start Date:	End Date: (not to exceed current school year)	<input type="checkbox"/> Last Day of School
LHP Signature:	Print Name:	Date: