

# INDIVIDUALIZED HEALTH CARE PLAN FOR ASTHMA INHALER AT SCHOOL

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

I understand that my child \_\_\_\_\_ must follow the rules listed below. I will notify the school nurse of any changes in my child's condition or medication.

Describe the type of symptoms your child experiences (wheezing, coughing, tightness, other) \_\_\_\_\_

What usually helps if an attack occurs: \_\_\_\_\_

Side effects of medication that your child experiences: \_\_\_\_\_

Does your child use a peak flow meter?      YES    NO    If so, what is his/her best peak flow? \_\_\_\_\_

Name of Medications (taken at home)	Dose	Frequency of Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information/instructions: \_\_\_\_\_

How many times has your child gone to an emergency facility for an asthma attack in the past 12 months? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Memorandum to Parent/Guardian:

So that the school nurse may provide the best care for your child, please complete the form below and return it to the school nurse. If any changes occur during the school year, please notify the school nurse. The appropriate medication authorization form completed by the physician and the parent/guardian is required for all medication related to school use. ***It is STRONGLY recommended that your child have an extra inhaler kept with the school nurse and if he/she plays sports that an extra one is kept with the coach in case your child misplaces or forgets his/her inhaler.***

## CONTRACT BETWEEN PARENT, STUDENT, and SCHOOL NURSE:

In order for a child to carry his/her inhaler:

1. Student has demonstrated to the school nurse the correct use of the inhaler.
2. Student agrees to NEVER share his/her inhaler with another person.
3. Student agrees that after two puffs, if there is no marked improvement, he/she will report to the school nurse, or if at an event, to the appropriate adult immediately.

Student Signature \_\_\_\_\_ RN Signature \_\_\_\_\_ Date \_\_\_\_\_