



ASTHMA ACTION PLAN AND MEDICATION AUTHORIZATION

Student: _____ DOB: _____ Teacher: _____ Grade: _____

Address: _____ School: _____

PHYSICIAN
ORDERS

Medication	Dosage

Prescriber please mark: For Clinic Use _____ Student Carry _____ Both _____

The usual procedure followed at school for asthma is:

1. Remain calm.
2. Allow student to use prescribed asthma medication with assistance given as needed.
3. Encourage relaxation with slow deep breathing, sipping warm fluids. Breathe in through nose and out through mouth.
4. Stay with student and monitor for symptoms:
 - If symptoms decrease after 15 minutes, return to class
 - If symptoms remain the same after 15 minutes, parent will be contacted for directions.
 - If symptoms increase in severity, will call 911, CPR will be started if needed, parents called.

How to use an inhaler

1. Shake inhaler
2. Have student take a deep breath in and let the breath out.
3. Place spacer or inhaler in student's mouth.
4. Dispense medication as student is breathing in for 10 seconds.
5. Wait one minute and administer **ADDITIONAL PUFF IF PRESCRIBED.**

How often do the asthma episodes occur? _____ Most recent episode? _____

Has student been treated in the hospital for asthma in the past year? No Yes Dates _____

Is a peak flow meter used? No Yes, How often? _____ Best flow rate is: _____

Check any conditions that usually trigger an asthma episode:

- Respiratory infection Exposure to cold air Emotional Stress Smoking
Exercise (describe) _____ Odors (describe) _____
Allergic reactions to: _____ Other _____

Check the signs that are usually present during an asthma attack:

- Coughing Shortness of breath Wheezing Bluish color of skin/nails
Feels frightened Other: _____

 Physician Signature Print Name Date Phone

In accordance with Ohio Revised Code 3313.713 (E) this completed form is required in order for drugs to be administered to students during the school day by school authorized persons. Per the statute, "no person who has been authorized by a board of education to administer a drug, and has a copy of the most recent authorization form is liable in civil damages for administering or failing to administer the drug, unless such person acts in a manner that constitutes gross negligence or wanton or reckless misconduct."

The parent/Guardian signature authorizes the clinic to share information with school staff on a need to know basis. The parent/guardian has read and acknowledges the Parent Responsibilities and Student Responsibilities regarding Allergy Emergencies (Board Policy EFH-R-1).

 Parent/Guardian Signature Date Phone #s

ADMINISTRATION OF MEDICATION

1. Designated persons employed by the Board are authorized, in conjunction with Board policy, to administer to a student a drug prescribed by a physician for the student.
2. No drug prescribed by a physician for a student can be administered pursuant to these regulations or pursuant to the Education for All Handicapped Act unless the following occur:
 - A. The Board, or a person designated by the Board, received a written request, signed by the parent, guardian, or other person having care of charge of the student, that the drug be administered to the student. It is advised that the medication in its **original container** and the signed permission forms be brought to the school by the parent/guardian for elementary students.
 - B. The Board, or a person designated by the Board, receives a statement, signed by the physician who prescribed the drug, that includes **ALL** of the following information:
 1. The name and address of the student
 2. The school and class in which the student is enrolled
 3. The name of the drug and the dosage to be administered
 4. The times or intervals at which each dosage of the drug is to be administered
 5. The **Date** the administration is to **Begin**
 6. The **Date** the administration is to **Cease**
 7. Any severe adverse reactions that should be reported to the physician and one or more phone numbers at which the physician can be reached in an emergency
 8. Special instruction for administration of the drug, including sterile conditions and storage
 - C. The parent, guardian, or other person having care or charge of the student agrees to submit a revised statement signed by the physician who prescribed the drug to the Board, or a person designated by the Board, **if any of the information provided by the physician as described above changes.**
 - D. The person authorized by the Board to administer the drug receives a copy of the statement described above.
 - E. The drug is received by the person authorized to administer the drug to the student for whom the drug is prescribed in the container in which it was dispensed by the prescribing physician or a licensed pharmacist and have an affixed label including the student's name, name of medication, dosage, route and time of administration, physician's name, and date prescription filled.

A complete copy of the Board Policy and Regulations is available at www.bexleyschools.org
and in each library in the district