Asthma is the most common chronic disease of children and is one of the leading causes of school absences. Our records show that your student has a history of asthma**. If this is *incorrect*, please notify the school.** Asthma can be managed in the school setting so that children can be active, healthy, and available to learn. Addressing asthma is a team effort.

Per recommendations of the National Asthma Education and Prevention Program, The Center for Disease Control, and the American Lung Association, ALL students with asthma should have a written Emergency Asthma Action Plan in place in the school setting. This plan will provide information about medications, symptoms, triggers and when to step-up treatment in place for worsening symptoms or other special considerations such as pre-exercise plan.

If your child is prescribed an inhaler and will be using it at school or any school functions, McLouth Public School District 342 **REQUIRES** that the Asthma Action Plan be **filled out and signed by the child’s physician and the parent on a yearly basis**. If you would like your child to carry the inhaler, your child’s doctor and parent permission needs to be indicated on the Consent to Self-Carry Form. Please make sure these are brought to the school nurse. If they are to be faxed, please follow up to ensure they have been received.

Your time and effort in completing these forms is greatly appreciated. This is another step in keeping your child safe while giving them best possible education at school. Please feel free to contact the school for further information.

**Severity Classification:** □ Intermittent □ Mild Persistent □Moderate Persistent □Severe Persistent

KNOWN TRIGGERS for this student are indicated below. (Except for exercise, please minimize student exposure to triggers as possible.) Please check all that apply to your student.

□ Strong Odors □ Mold □ Smoke □ Temperature Changes □ Exercise □ Laughing/Crying □ Exhaust Fumes

□ Respiratory Infections □ Pest Urine/Droppings □ Chalk Dust □ Dust or Dust Mites □ Plants, Flowers, Cut Grass, Pollen □ Animals (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Foods (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other related medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Activity: □ Use albuterol/ventolin \_\_\_\_\_ puffs, \_\_\_\_\_ minutes before activity

□with all activity □when student feels he/she needs it

***Students who self-carry are responsible for their own pre-exercise needs.***

Please note, students’ needs may change throughout the school year. Please notify the school nurse when changes have been made so the appropriate care can be given. If your Physician makes changes please provide the school with a copy of the new instructions**.**

|  |  |  |
| --- | --- | --- |
| Please Check all that apply: | YES | NO |
| Wears medical alert jewelry |  |  |
| Student has an Asthma Action Plan on file at school.( A New form is REQUIRED every year) |  |  |
| Knows what asthma triggers to avoid |  |  |
| Identifies symptoms of an asthma episode |  |  |
| Demonstrates proper use of a peak flow meter and identifies personal best number |  |  |
| Student has a peak flow meter and will bring it to school |  |  |
| Demonstrates proper use of asthma medication (inhaler, spacer, nebulizer, etc.) |  |  |
| Self-carries asthma medication or kept in the classroom(REQUIRES healthcare provider order) |  |  |
| **Other:** |  |  |

**Current Section 504 plan** 🞎 No 🞎 Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current IEP** 🞎 No 🞎 Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our School Asthma Management Program will provide the following health services:**

* Access to the school nurse.
* Help for students with asthma in following their action plans.
* Asthma training for staff.
* Your student will be identified as a student with asthma and his emergency plan will be provided to his education team.
* A student may carry emergency medication on his/her person if the student’s physician and the school nurse have authorized self-carry, and if the parent/guardian has indicated on the Parent/Guardian Authorization for Permission to Carry Emergency Medications form that the student has been fully instructed and is capable of self-administration, if needed.
* If a physician requests emergency medication be kept in an elementary classroom, the teacher will be notified and instructions will be given. The medication will be kept in a secure location in the elementary school.
* Field trips: School Nurse should be advised by teacher as soon as a field trip is approved in order that the nurse may make arrangements for proper dispensing of medication. A teacher will carry his/her students’ emergency medication with accompanying doctor’s orders during the field trip, along with asthma information and emergency procedures. Parents of students who self-carry must ensure student brings their emergency medication to school if a back-up is not left at school.