

Asthma Care Plan – Part 2 – Parent/Guardian

STUDENT NAME _____

EMERGENCY CONTACTS

Parent/Guardian	Name	Parent/Guardian	Name		
	Primary #		Primary #		
	Other #		Other #		
	Other #		Other #		
Name:		Relationship:		Phone:	

My child may carry and is trained to administer their rescue inhaler	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide extra for office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child may carry and is trained to self-administer their EAI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide extra for office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child may carry their rescue inhaler and/or EAI-needs assistance to administer	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

- A new care plan and medication/treatment order must be submitted each school year.
- If any changes are needed to the care plan, it is the parent/guardian's responsibility to contact the school nurse.
- It is the parent/guardian's responsibility to alert all other **non-school** programs of their child's health condition.
- Medical information may be shared with school staff working with my child and 911 staff, if they are called.
- I have reviewed the information on this care plan/504 and medication/treatment order and request/authorize trained school employees to provide this care and administer medication/treatments in accordance with the Licensed Healthcare Provider's (LHP) instructions.
- This is a life-threatening care plan and can only be discontinued by the LHP.
- I authorize the exchange of information about my child's asthma between the LHP office and the school nurse.

Does the student need classroom, school activity or recess accommodations Yes No **If yes, please contact the school counselor or 504 coordinator.**

I have reviewed and agree with this health care plan/504 and medication/treatment order.

Parent/Guardian Signature **Date**

Student (for student who self-carries/self administers rescue inhaler and/or EAI):

- I have demonstrated the correct use of the rescue inhaler and/or EAI to the medical provider and the school registered nurse.
- I agree never to share my inhaler and/or EAI with another person or use it in an unsafe manner.
- I agree that if there is no improvement after using inhaler and/or EAI, I will report to an adult.

Student Signature (Required) **Date**

The care plan is intended to strengthen the partnership of families, healthcare providers and the school. It is based on the NHLBI Guidelines for Asthma Management.

For School District Nurse Only	
A registered nurse has completed a nursing assessment and developed this Asthma Care Plan in conjunction with the student, their parent/guardian and their LHP. Student may carry and self-administer the medication ordered above: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has the student demonstrated to the registered nurse, the skill necessary to use the medication and any device necessary to administer the medication as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Device(s) if any, used	Expiration date(s)
_____ Registered Nurse Signature Date	

A copy of the Health Care Plan will be kept in the substitute folder and given to all staff members who are involved with the student.