Cocalico School District
Health Services
School Asthma Action Plan

Your child’s emergency card or health record indicates that he/she has asthma. Completion of the following questionnaire will provide the school nurses with information vital to developing a plan of care for your child during the school day. This information will be shared with other school personnel and coaches on a need to know basis. If you prefer to speak directly to the school nurse, call your child’s school health room. All policies, contact information and forms are accessible on the district website at www.cocalico.org.

Student Name ___________________________ Grade _____ Teacher ____________________________

Physical Education Days and Times: __________________________

My child’s asthma is no longer a problem and this should be removed from their health record. __________________________

Parent signature required

Date

Emergency Information

Father’s Name ___________________________ Telephone # (H) ___________ (W/C) ___________

Mother’s Name ___________________________ Telephone # (H) ___________ (W/C) ___________

Physician’s Name __________________________ Telephone # ______________________

☐ How long has your child had asthma? ____________________________________________

☐ Please check and give details about the types of triggers that cause your child to have asthma symptoms. Check any that apply.

   _____ Illness ________________________________________________________________

   _____ Weather _____________________________________________________________

   _____ Exercise ___________________________________________________________

   _____ Cigarette Smoke ______________________________________________________

   _____ Foods __________________________________________________________________

   _____ Chemical Odors _________________________________________________________

   _____ Fatigue/Emotions _______________________________________________________

   _____ Allergies __________________________________________________________________

☐ Describe the symptoms your child usually exhibits during an asthma attack: ____________________________

☐ What does your child do to relieve the symptoms of an asthma attack? Check any that apply.

   _____ Inhalers   _____ Nebulizer   _____ Oral Medication   _____ Rest

   _____ Breathing Exercises   _____ Other ____________________________________________

☐ Does your child use a peak flow meter? __________ Personal best peak flow? _____________

☐ Does your child have a peak flow action plan prescribed by a physician? __________________________
Action to be taken:

Green __________

Yellow __________

Red __________

All Current Medications your child is taking

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<th>Name of Medication</th>
<th>Dosage</th>
<th>Time</th>
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Medications to be given at school (if any)

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<tr>
<th>Name of Medication</th>
<th>Dosage</th>
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☐ Does your child need any special considerations at school, related to asthma, in the following areas? Please give necessary details.

Gym Class ____________________________________________

Outside Recess ______________________________________

Avoidance of animals in school _________________________

Avoidance of any foods __________________________________

Keep medicine in school ________________________________

Take medicine on field trips ____________________________

Carry and self/administer medication (see policy below) ______________________________________________

☐ A student must have a written prescription for an asthma inhaler in order for it to be administered in school. Only with written permission by a licensed physician, nurse practitioner or physician’s assistant, may a student carry and self-administer their inhaler. They must also have the written permission from a parent or guardian. The school nurse must be made aware of the student’s intent to carry and self-administer any medications and will deem whether the student meets the criteria established by the school board. A student shall follow all policies and procedures established by the school board and understand that any deviations from the policies may result in the confiscation of the asthma inhaler and loss of privileges.

The complete policy concerning carrying and self-administration is available at the school or online.

A completed medication permission form must be returned to school accompanying this asthma action plan in order for a student to carry and self-administer an asthma inhaler. (This is not a medication permission form)

Signature of Parent/Guardian __________________________ Date __________

Signature of Physician/Practitioner ______________________ Date __________

It is recommended that you consult with your physician concerning development of a school asthma action plan for your child.