Date received by school_____

Albany County School District #1

REQUEST FOR STUDENT SELF-ADMINISTRATION OF INHALED ASTHMA MEDICATION(S)

Child's Name_____ **School**_____

Date of Birth_____ **Grade**_____

TO BE COMPLETED BY PHYSICIAN:

*Diagnosis*_____

*RX (Dosage/Frequency/Route)*_____

_____

*Side Effects*_____

*List other Medications Currently Being Taken*_____

_____

Student is capable of appropriate and accurate self-administration of his/her asthma medication(s), and should be allowed to carry it for this purpose. ☐ *YES* ☐ *NO*

*Name of Prescribing Physician*_____

*Address*_____ *Phone*_____

*Physician's Signature*_____ *Date*_____

My child has been instructed in the proper use of the above asthma medication(s). I certify that my child is capable of self-administration. I request that he/she be permitted to carry and self-administer the above asthma medication(s). I authorize the release of information between the school and physician pertinent to my child's medication(s) and asthma diagnosis.

My child and I understand that there are serious consequences for sharing any medications with others. Furthermore, I understand that the school shall incur no liability, and I will hold the school and its employees harmless against any claims relating to self-administration of asthma medications. I realize that my child may be required to demonstrate that s/he can properly use the medication (inhaler) before being allowed to possess and self-administer the medication.

I will ensure that the medication carried by my child with always be current and of the proper dosage. I further will ensure that my child will have accessible to him/her the medication at all times while s/he is in the school setting.

_____ _____

Parent/Guardian Name (please print) *Relationship to Student*

_____ _____

Parent/Guardian Signature *Date*

Self-Administration of Inhaled Asthma Medications Form shall be updated once per school year.

MEDICATION SELF-ADMINISTRATION AT SCHOOL

Parents have the ultimate responsibility for maintaining their child's health and well being. In certain circumstances however, it will be necessary for the school to assist the parent in that responsibility through supervision of self-administration of medication within the school setting. When your child must have medication of any type, including over-the-counter medicine, during school hours, you have the following choices:

1. You may discuss with your doctor an alternative schedule of medication so it can be given outside of school hours.
2. You may come to school and give it to the child at the appropriate time.
3. You may get a medication form from the school and have your physician fill out and sign the form and then return it to school with the medication. Forms for over-the-counter medications need only be signed by the parents, but all medications must be approved by the principal and/or the school nurse prior to the student being allowed to self-administer the medication.

Each medicine to be self-administered by the student shall only occur under the supervision of designated school personnel. Designated district personnel may include school nurses, school secretaries, school monitors, teachers, substitute teachers and secretaries, and the principal. Neither the District, nor any of its personnel, shall be responsible for medication self-administered by a student or administered by the parent or legal guardian without supervision by district staff. Likewise, the district and its personnel will not be responsible for the drug itself. Supervising personnel will only ensure that the medication is taken in specified dosages at specified times.

The "Request for Supervision of Self-Administration of Medication at School" form must be completed and maintained on file with the school office prior to students being allowed to take any medication at school.

Medication must be in its original pharmaceutical container. If not in the original container, it shall not be taken. Medications must remain in the designated secured area of the school (school office or nursing office). Students are not permitted to keep their medicine while at school.

Inhalers may be carried by a student when the "Request for Student Self-Administration of Inhaled Asthma Medication" form is marked **YES** and signed by the physician, parent/legal guardian, and is on file in the school nurses office.

A record shall be maintained of each time the medication is taken, including the child's name, medication name and dosage, time, date, and signature of the person who supervised the self-administration.

In fairness to those supervising the self-administration of medications and for the safety of your child, this policy must be followed strictly. We ask this, not to make things difficult for you, but to insure the health and well being of all students.

Asthma Action Plan

Student Information

Name of Student: _____ D.O.B.: _____

Grade: _____ Homeroom Teacher or Class: _____

Physical Education Days and Times: _____

Emergency Information

Parent(s') or guardian(s') names: _____

Mother: Telephone (W): _____ **Father**: Telephone (W): _____

Telephone (H): _____ Telephone (H): _____

Physician's name: _____ Telephone: _____

In case of emergency, contact:

1. _____
2. _____
3. _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

- difficulty breathing, walking, or talking
- blue or gray discoloration of the lips or fingernails
- failure of medication to reduce worsening symptoms.

These signs indicate the need for emergency medical care. The steps that should be taken are:

- activate the emergency medical system in your area; **Phone:** _____
- call parent/guardian or physician.

Triggers: _____

_____

Personal best peak flow _____

Source: Managing Asthma: A Guide for Schools. *National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health, U.S. Department of Health and Human Services, and the Fund for the Improvement and Reform of Schools and Teaching, Office of Educational Research and Improvement (OERI), U.S. Department of Education. September 1991. NIH Publication No. 91-2650.*

Sample Asthma Action Plan (continued)

All Current Medications

Name of medication	Dosage	Time

Medications To Be Given at School (if any)

Name of medication	Dosage	Time

Steps for an Acute Asthma Episode

(to be completed by physician)

1. _____
2. _____
3. _____
4. _____

Parent's/guardian's signature _____

Physician's signature _____

Source: Managing Asthma: A Guide for Schools. *National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health, U.S. Department of Health and Human Services, and the Fund for the Improvement and Reform of Schools and Teaching, Office of Educational Research and Improvement (OERI), U.S. Department of Education. September 1991. NIH Publication No. 91-2650.*