

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FOR ASTHMA
MOOSONEE PUBLIC SCHOOL
to be completed by Parent/Guardian

Student Information

Name of Student: _____ Teacher: _____
Address: _____

Home Telephone Number: _____ Birth Date: _____

Description of Asthma

The following triggers are likely to make the child's asthma symptoms worse:

- Colds/viral infections Animals Chalk Dust Strong Smells
 - Exercise [A **reliever inhaler** should be available to use 10-15 minutes *before* exercise]
 - Weather Conditions (please describe) _____
 - Allergies (please specify) _____
 - Other (please specify) _____
-

Symptoms: The following symptoms suggest the onset of the child's asthma or worsening of asthma:

- coughing wheezing shortness of breath chest tightness
- Other (please specify) _____

Administration of Medication

I acknowledge that staff members of the Moosonee District School Area Board are not trained medical personnel. However, I authorize the **administration of a reliever inhaler**, as prescribed by the attending physician, in the event that my child experiences an asthma episode on school property or during school or a school board sponsored event.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Principal Signature: _____

Date: _____

Self-Administration of Medication

I consent to have my child, [name of child] _____
carry a reliever inhaler on their person at school and while participating in school- related activities.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Principal Signature: _____

Date: _____

I consent to have my child, [name of child] _____
self-administer the reliever inhaler prescribed by the attending physician.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Principal Signature: _____

Date: _____

Posting of Photographs and Information

I consent to the posting of photographs of my child and the posting of medical and emergency information included in the Student Asthma Management Plan in the following locations:

- Classroom Lunchroom Staff Room Other _____
 Office School Bus

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Principal Signature: _____

Date: _____

Copy of this form to be placed in the OSR and Student Medical File.

**STUDENT ASTHMA MANAGEMENT PLAN
MOOSONEE PUBLIC SCHOOL
to be completed by Moosonee District School Area Board Staff**

CHILD'S PHOTO

Student: _____

Teacher: _____

Grade/Classroom: _____

Age: _____

Known Asthma Triggers

- Colds/viral infections Dust Strong Smells Exercise
 - Weather Conditions (please describe) _____
 - Allergies (please specify) _____
 - Other (please specify) _____
-

MEDICATION: RELIEVER/RESCUE INHALER

Use reliever _____ (name of medication)
in the dose of _____ (# puffs/doses)

Reliever is used to:

- relieve symptoms (see below)
- prevent exercise induced asthma (given 10-15 minutes prior to activity)
- Other (specify) _____

Location of Reliever Inhaler

- Student carries own inhaler
- Stored in classroom (specify location) _____
- Other location (specify) _____

Can student self-administer? Yes _____ No, needs assistance _____

STAFF INSTRUCTIONS FOR MANAGING WORSENING ASTHMA

Mild Asthma Symptoms	
<p>Look for one or more of:</p> <ul style="list-style-type: none"> • Continuous coughing • Complaints of chest tightness • Difficulty breathing • Wheezing (not always present) <p>These symptoms may also be accompanied by:</p> <ul style="list-style-type: none"> • restlessness • irritability • tiredness. 	<p>What to do:</p> <ol style="list-style-type: none"> 1. Administer the reliever inhaler. If there is no improvement in 5-10 minutes, treat as an emergency. Call 911 and follow instructions below. 2. Stay calm. Remain with the student. 3. Tell the student to breathe slowly and deeply. 4. Notify parent of the episode. 5. Student can resume normal activities once feeling better. If the student requires the reliever inhaler again in less than 4 hours, seek medical attention.
Asthma Emergency	
<p>ANY of the following symptoms indicate an emergency:</p> <ul style="list-style-type: none"> • Unable to catch breath • Difficulty speaking a few words • Lips or nail-bed blue or grey • Breathing is difficult and fast (more than 25 breaths per minute) • No improvement within 5-10 minutes of taking reliever inhaler 	<p>What to do:</p> <ol style="list-style-type: none"> 1. Call 911 2. Administer reliever inhaler immediately. Continue to administer every few minutes until help arrives. 3. Stay calm. Remain with the student. 4. Tell the student to breathe slowly and deeply. <i>School staff members should not drive students to hospital.</i>

**Form ADMIN 319-03 Individual Student Log of Adult Administered Medication
MOOSONEE PUBLIC SCHOOL**

Name of Student: _____ Birth Date: _____

Address: _____ Telephone: _____

Medication & Description (pill, liquid, inhaler, etc.)	Method of Administration (inhaled etc.)	Dosage	Date & Time	Signature of Person Administering	Comments

Copy of this form to be placed in Student Medical File.