ACADEMY FOR GIFTED CHILDREN – P.A.C.E.
INDIVIDUAL STUDENT ASTHMA MANAGEMENT PLAN

Student Name: _____ Grade: _____

Date of Birth: _____ (d – m -y) Age: _____

Place Student Photo Here

Emergency Contacts (list in priority of contact; list parents first.)

1. _____ / _____ (____) _____
(Name) (Relationship) Daytime Phone Number

2. _____ / _____ (____) _____
(Name) (Relationship) Daytime Phone Number

3. _____ / _____ (____) _____
(Name) (Relationship) Daytime Phone Number

My child's asthma is considered:
☐ mild ☐moderate ☐severe

KNOWN ASTHMA TRIGGERS (please indicate with an ☒)

☐ Colds/flu/illness ☐ Physical Activity ☐ Animals ☐ Environmental (i.e. Pollen, Cold Weather) ☐ Dust

☐ Strong Smells (e.g. cleaning agents) ☐ Allergies (specify): _____

☐ Anaphylaxis (specify allergy): _____

☐ Other: _____

Asthma Trigger Avoidance Instructions:
_____
_____
_____

SIGNS THAT MY CHILD IS HAVING TROUBLE WITH ASTHMA INCLUDE…EMERGENCY PLAN

☐cough ☐wheeze ☐shortness of breath ☐tight chest → administer inhaler and remain with child
(if there is no improvement in 5 to 10 min treat as an emergency and call 911)

☐ unable to catch breath ☐difficulty speaking ☐lips or nail beds are blue/grey → call 911, administer inhaler, remain with child and continue to administer every few minutes until help arrives.

RELIEVER / RESCUE INHALER

Use reliever inhaler _____ (name of medication) in the dose of _____ (number of puffs or doses)

Reliever is used to: ☐ Relieve symptoms ☐ Prevent exercise-induced asthma (given 10-15 min. prior to activity)

☐ Other, please specify _____

Location of inhaler: ☒ student **will** carry his/her reliever inhaler **at all times** including during recess, gym, outdoor and off-sire activities, and field trips.

Reliever inhaler is kept in the student's:
☐ pocket ☐ fanny pack/purse ☐ a holder case/pouch ☐ other: _____

☒ **spare/2nd inhaler will be stored in the main office**

☐ I am requesting a 3rd inhaler be kept in my child's core classroom (grades 1-7)

Can student self administer: ☐ Yes ☐ No, needs assistance.

INDIVIDUAL STUDENT ASTHMA MANAGEMENT PLAN continued

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL RELATED ACTIVITIES

Controller medications are usually taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken to school (unless the student will be participating in an overnight activity).

Use/administer _____ in the dose of _____ at the following times: _____

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Use/administer _____ in the dose of _____ at the following times: _____

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION

We agree that _____:
(please print student's first and last name)

(please mark each applicable box with an X)

☒ can carry his/her prescribed medications and delivery devices to manage asthma while at school and during school related events/activities.

☐ can self administer his/her prescribed medications and delivery devices to manage asthma while at school and during school related events/activities.

☐ requires assistance with administering his/her prescribed medications and delivery devices to manage asthma while at school and during school related events/activities.

OBLIGATION TO INFORM

☐ We will inform the school of any changes in medications or delivery devices. We acknowledge that the medications **cannot** be beyond the expiration date.

1. Parent/Guardian Name: _____ (please print)

1. Parent/Guardian Phone #:

Daytime: _____ Cell: _____ Evening: _____

2. Parent/Guardian Name: _____ (please print)

2. Parent/Guardian Phone #:

Daytime: _____ Cell: _____ Evening: _____

_____ _____

Parent/Guardian #1 Signature Date

_____ _____

Parent/Guardian #2 Signature Date