Grand Haven
Area Public Schools
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Asthma Individualized Health Plan

Medications may be administered at school, by school personnel when necessary for school attendance. This completed form, along with the medication and/or special equipment items are to be brought to the school by the parent/guardian.

TO BE COMPLETED BY PARENT/GUARDIAN

I, parent/guardian of _____birth date of _____, request that the building administrator, or his/her designee, administer the medication or procedure listed below as directed. I give my consent for the exchange of information between the school and my child's health care provider. I fully realize I can withdraw my request/consent in writing at any future date.

As a parent, I understand my responsibilities are:

1. To provide the school with a supply of medication in the original container appropriately labeled by the pharmacy.
2. To provide the school with the written doctor's instructions for medication administration during school hours.
3. To inform the school of any medical changes.
4. To provide the school with this signed consent form annually and when changes in medication occur.

School:_____Grade_____

Parent/Guardian: _____Signature:_____

Relationship to child: _____ Phone: _____ Date:_____

TO BE COMPLETED BY THE PHYSICIAN

Be aware of the following asthma triggers: _____

Severe Allergies: _____

Medications To Be Given At School:

Name of Medication	Dosage	When To Use

Medications Taken At Home Include:

Name of Medication	Dosage and Time

Please check all that apply:

- ❑ I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child **should be allowed to carry and use** this medication by him/herself.
- ❑ It is my professional opinion that this child **should not carry** his/her inhaled medications by himself/herself.
- ❑ I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow number _____

Physician Signature: _____ Physician's Name (printed): _____

Date: _____ Phone Number: _____FAX Number: _____

Signs/Symptoms of an Acute Asthma Episode	What to do in an Acute Asthma Episode	Seek Emergency Care (*Call 911 and parent*) if a child experiences any of the following:	
Cough	Calm student	Child's coughing or wheezing does not improve after taking medicine (15-20 minutes for most rescue inhalers)	Child has trouble talking (cannot speak in complete sentences without gasping for air)
Wheeze	Measure peak flow	Child's chest or neck is pulling in while struggling to breath (reactions)	Child stops playing and cannot start again
Shortness of breath	Administer medication listed	Child has trouble walking	Child's fingernails and/or lips turn blue or gray
Chest tightness	Observe child for 10-15 minutes		

Peak flow meter, medications, and spacer stored in: _____