

Date Completed

ASTHMA TRIGGERS (Things That Make Asthma Worse)

- ☐ Smoke ☐ Colds ☐ Exercise ☐ Animals ☐ Dust ☐ Food
☐ Weather ☐ Odors ☐ Pollen ☐ Other _____

Take These **DAILY CONTROLLER MEDICINES (PREVENTION)** Medicines **EVERY DAY**

- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

- _____ puffs with spacer _____ minutes before exercise

Continue **DAILY CONTROLLER MEDICINES** and **ADD QUICK-RELIEF** Medicines

- Cough or mild wheeze
- Tight chest
- Shortness of breath
- Problems sleeping, working, or playing

- IF IN THE YELLOW ZONE MORE THAN 24 HOURS, CALL HEALTH CARE PROVIDER.**

Continue **DAILY CONTROLLER MEDICINES** and **QUICK-RELIEF** Medicines and **GET HELP!**

- Very short of breath
- Medicine is not helping
- Breathing is fast and hard
- Nose wide open, ribs showing, can't talk well
- Lips or fingernails are grey or bluish

- CALL HEALTH CARE PROVIDER AGAIN WHILE GIVING QUICK-RELIEF MEDICINE. If health care provider cannot be contacted, CALL 911 FOR AN AMBULANCE OR GO DIRECTLY TO THE EMERGENCY DEPARTMENT!**

Date _____

~~after XeneX by the school nurse. This plan will be shared with schools stat who care for my child.~~

Date _____

Date _____

Date _____

AUTHORIZATION FOR ADMINISTRATION OF ASTHMA PRESCRIPTION MEDICATION

**RECOMMENDATIONS ARE EFFECTIVE FOR THE CURRENT SCHOOL YEAR ONLY
AND MUST BE RENEWED ANNUALLY**

Student Name: _____ DOB: _____ Grade: _____
Emergency Contacts: (Name and Phone#s): _____

I. Parental/Guardian Consent for Administration of Asthma medication

☐ I request that my child be **ALLOWED to carry and self-administer in school**, his asthma medication listed below pursuant to N.J.S.A. 18A:40-12.3 and 12.4. I give permission for my child to self-administer his/her medication, as prescribed on this form for the current school year. I consider him/her to be responsible and capable of transporting, storing and self-administering the medication. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.

☐ I do not request that my child self-administer his asthma medication. I request that my child be assisted in taking the medication described below at school by the School Nurse or other individuals authorized to administer medication to students in school pursuant to N.J.A.C.:6A:16-2.3. I understand the ultimate responsibility for administration of the medication is mine, and I am fully aware that the duties of the school nurse and others may require their presence at another location at the time that the medication is needed. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the administration or lack of administration of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of administration or lack of administration of this medication.

Parent/Guardian Signature _____ Telephone _____ Date _____

II. Healthcare Provider Order:

Name of medication: _____

Dosage: _____ Route: _____ Frequency: _____

For Student Self Administration:

☐ This student has been instructed in and is capable of proper method of self-administration of the medication prescribed above.

☐ This student understands the purpose, appropriate method and frequency of use of the medication prescribed above.

☐ This student is **not** approved to self-medicate

Physician's Name _____ Signature _____ Date _____

Office Stamp:

This form must be individually completed for **all medications**.

Medications are to be brought to school by the parent in the **original container**, labeled appropriately by the pharmacy. All medications **will be kept** in a locked storage area.