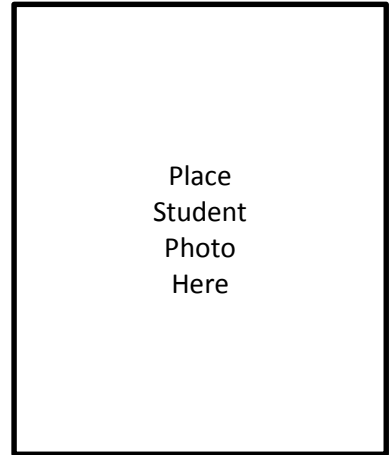


# INDIVIDUAL STUDENT ASTHMA MANAGEMENT PLAN



Student Name

Date of Birth

Ontario Education Number

Age

Grade

Teacher

Emergency Contacts (list in priority of contact):

Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			
3.			

**IN CASE OF EMERGENCY OR IF THE CHILD IS IN DISTRESS PLEASE CALL 911**

KNOWN ASTHMA TRIGGERS

Colds/flu/illness    Physical activity/exercise    Pet dander    Cigarette smoke    Pollen    Mould

Dust    Cold Weather    Strong smells    Allergies (specify):

Anaphylaxis (specify allergy):

Other (specify):

Asthma trigger avoidance instructions:

## RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

When the student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).

Other (explain):

Use reliever inhaler \_\_\_\_\_ in the dose of \_\_\_\_\_.

(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided? Yes

No



Place a check mark beside the type of reliever inhaler that the student uses:

Salbutamol (e.g. Ventolin)



Airomir



Ventolin



Bricanyl



Other (specify):

Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible** by teacher/supervisor.

Reliever inhaler is kept:

With teacher/supervisor – location:

In locker #:

Locker combination:

Other location (specify):

Student **will carry** his/her reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities, and field trips.

Reliever inhaler is kept in the student's:

Pocket

Backpack/fanny pack

Case/pouch

Other (specify):

Does student require assistance to **administer** reliever inhaler?

Yes

No

Student's spare reliever inhaler is kept:

In main office (specify location):

In locker #                      Locker combination:

Other location (specify):

### **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: \_\_\_\_\_.  
(Name of medication)

Use/administer \_\_\_\_\_ in the dose of \_\_\_\_\_ at the following times: \_\_\_\_\_.  
(Name of medication)

Use/administer \_\_\_\_\_ in the dose of \_\_\_\_\_ at the following times: \_\_\_\_\_.  
(Name of medication)

### **CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION**

We agree that \_\_\_\_\_:

(Student Name)

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

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

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

We will inform the school of any change in medication or delivery device. The medications **cannot** be beyond the expiration date.

We will ensure the inhaler is current and not past its expiration date.

Parent/Guardian Name:

Parent/Guardian Phone #:

Daytime:

Evening:

Cell:

Alternate:

Parent/Guardian Signature:

Student Signature:

**PLAN REVIEW**

Optional review by health-care provider (e.g., Pharmacist, Respiratory Therapist, Certified Asthma Educator, Certified Respiratory Educator, Nurse, Medical Doctor, or other clinician working within their scope of practice):

**Attach prescription labels here**

Health-Care Provider's Name:

Profession:

Signature:

Date:

**Names of staff with first aid training**

1.

2.

3.

Principal's Name:

Signature:

Date: