

SCHOOL DISTRICT OF MONROE
CONSENT FOR ASTHMA INHALER MEDICATION for All schools
Please Complete All Sections, Front and Back

STUDENT: _____ **BIRTHDATE:** _____

GRADE: _____ **HOME ROOM:** _____ **YEAR :** _____

**PHYSICIAN/HEALTH CARE PROVIDER PLEASE
COMPLETE PRESCRIPTION ON BACK**

FOR COMPLETION BY PARENT

I give my child permission to carry and self-administer asthma inhaler.
I believe he/she is responsible to keep this medication in
his/her LOCKER AND IN GYM CLASS ONLY. Yes No

I understand that my child is expected to go to the health office after
they administer a treatment. Yes No

The school office has been provided with a back-up inhaler. Yes No

I authorize trained staff to assist my child in taking this medicine at school if the need arises and communicate
with the physician/health care provider if necessary. I authorize the release of this information to appropriate
school personnel and classroom teachers.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Home Phone: _____ Work Phone: _____

FOR COMPLETION BY MMS/MHS STUDENT'S ONLY

I agree to be responsible with this medication. To keep it in
my LOCKER and take to GYM CLASS ONLY. Yes No

I understand that I MUST go to the health office after
having to administer a treatment. Yes No

STUDENT SIGNATURE: _____ **Date:** _____

Sk 4/17

****PLEASE COMPLETE ASTHMA PRESCRIPITON AND CARE PLAN ON BACK ****

STUDENT: _____ BIRTHDATE: _____

Asthma Severity: Mild Moderate Severe
My child has been hospitalized for asthma before: Yes No

PREVENTATIVE

List any triggers and control measures, pre-medication and/or dietary restrictions that the student needs to prevent an asthma episode: _____

Exercise Medication: _____ Directions: _____

Spacer: Yes No

Daily control medication taken at home: _____

RESPONDING TO AN ASTHMA EPISODE

Early signs of an asthma episode: cough, wheeze, shortness of breath or tight chest. _____

Your child is responsible for telling an adult if he/she needs to use an inhaler.

Rescue Medication: _____ Directions: _____

- Stop current activity and allow to rest. Help student relax.
- Use quick-relief inhaled medication as directed.
- Observe student to ensure symptoms improve.
- Contact parent if symptoms get worse or do not improve within 15 - 20 minutes after treatment.
- Notify parent or emergency contacts of episode by phone or note.
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RESPONDING TO AN ASTHMA EMERGENCY

Late signs of an asthma episode: Initial treatment does not help, breathing hard and fast, ribs sticking out trouble walking or talking. _____

Rescue Medication

IN addition to yellow area: _____ Directions: _____

CALL PARENTS TRANSPORT TO PHYSICIAN IF NO IMPROVEMENT 9-911

Is the child knowledgeable about his or her asthma medication? Yes No
Has the child demonstrated the proper technique in administering medication? Yes No
It is my professional opinion that this student may carry and use this inhaler medication independently. Yes No

PHYSICIAN/PROVIDER SIGNATURE: _____ Date: _____

PHYSICIAN/PROVIDER PRINTED NAME: _____ Phone: _____