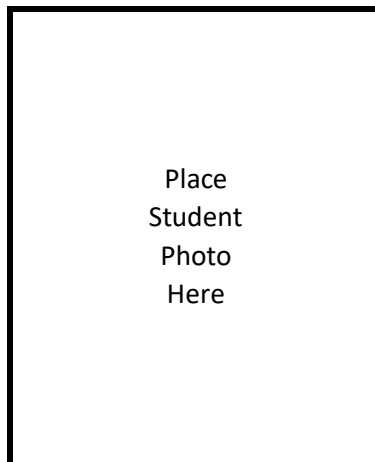
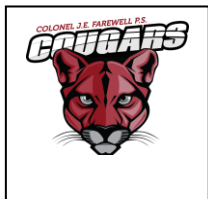


INDIVIDUAL STUDENT ASTHMA MANAGEMENT PLAN



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):

Does student require assistance to **administer** reliever inhaler? Yes No

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

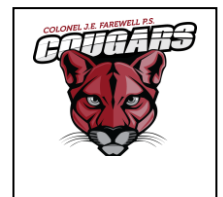
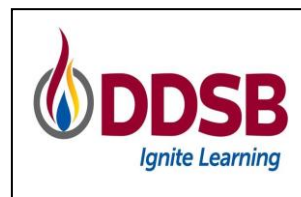
Reliever inhaler is kept:

- ❖ 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 offsite activities, and field trips.

Reliever inhaler is kept in the student's:

- ❖ Pocket
- ❖ Backpack/fanny pack
- ❖ Case/pouch
- ❖ Other (specify):

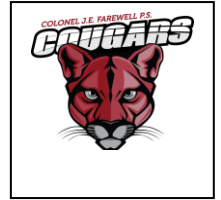
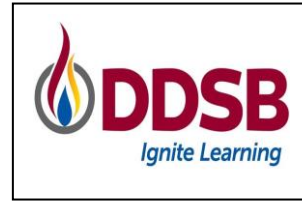


Student's spare reliever inhaler is kept:

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 Signature

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:

