

LACORDAIRE ACADEMY
Asthma Action Plan

Completed by Physician

(Meets NJ Law N.J.S.A. 18A:40-12.8)

Effective ___/___/___ to ___/___/___

NAME: _____ D.O.B. _____ GRADE: _____

PARENT/CAREGIVER:

NAME: _____ TELEPHONE: _____ CELL: _____

NAME: _____ TELEPHONE: _____ CELL: _____

EMERGENCY CONTACT: _____ TELEPHONE: _____ CELL: _____

HOSPITAL OF CHOICE: _____

PART 1: Medications taken at **HOME** only: _____

Normal Peak Flow: _____

PART 2: I certify that it is essential to the health of this child that asthma medications be administered at school

A. Prophylactic Inhaler

<i>Medication Order</i>	<i>Dosage</i>	<i>When to Take</i>
_____	_____	_____

B. Rescue Inhaler

* First sign of cold * Mild Wheeze	* Exposed to know trigger * Tight Chest	* Cough
And/or Peak Flow From _____ to _____		

	<i>Medication Order</i>	<i>Dosage</i>	<i>When to Take</i>
1st	_____	_____	_____
2nd	_____	_____	_____

PART 3: DANGER ZONE – Do Not Wait – Get Help – Call 911 or Physician

- | | |
|---|-------------------------------|
| * Relief Medicine NOT helping within 15-20 minutes | * Lips Blue |
| * Breathing Hard and Fast | * Nose open wide |
| * Fingernails Blue | * Trouble walking and talking |
| * Ribs show | |

And/or Peak Flow below _____

_____ This student is capable and has been instructed in the proper method of self administering the medications named above.

_____ This student is **NOT** approved to self medicate.

Physician/N.P. Signature: _____

Physician Stamp: _____

Parent/Caregiver Signature: _____

LACORDAIRE ACADEMY
Asthma Medication Consent Form

Part 2 – To be completed by Parent/Caregiver and/or Student

A. Parent/Caregiver Permission for School Nurse Administration of Medication

To be completed by Parent/Caregiver: I give my permission for the school nurse to administer asthma inhaler medication as ordered on the reverse side of this form.

I will notify the nurse immediately if this medication is no longer required. **TEACHING STAFF WILL NOT ADMINISTER ASTHMA MEDICATIONS ON CLASS TRIPS.**

I disclaim all liability of Lacordaire Academy as it concerns the use of this medication.

I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements set by the school.

Parent/Caregiver's Signature

Date

B. Parent/Caregiver Permission for Self-Administration of Asthma Inhalers

To be completed by Parent/Caregiver: I give my permission for my child to self-administer the prophylactic and/or **“rescue inhaler” medication as described on the reverse side.** I will notify the school nurse immediately if this medication is no longer directed by the physician.

I understand and agree that the school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that I shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the self administration of medication by the pupil.

I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements set by the school.

In accordance with the physician's statement on the reverse side, and Lacordaire Academy's agreement, I give permission for my child to self-administer his/her “asthma rescue inhaler” in the following manner and circumstances: Please check all that apply:

- Student may self-administer and carry own inhaler on a regular basis, at school and at all school sponsored activities.
- Student may self-administer on a field trip only.
- Student may self-administer with an adult observing
- Student may self-administer without supervision

Parent/Caregiver's Signature

Date

C. Student Agreement for Self-Administration

To be completed by the student: I understand that I will use this medication as directed by my physician. I will be responsible and discreet using the medication as described on the reverse side and should have this medication readily accessible.

I have been instructed how to self-administer this medication and understand the side effects of improper use. The medication must be carried in the original labeled pharmacy container. I understand that if I do not abide by these regulations, I may forfeit my right to carry and self-administer this medication. I disclaim all liability of Lacordaire Academy as it concerns my use of this medication.

Student's Signature

Date