- ☐ Fennville Public Schools
- ☐ Hamilton Public Schools
- ☐ Holland Christian Schools
- ☐ Holland Public Schools
- ☐ West Ottawa Public Schools

Holland Hospital

School Nursing
Asthma IHP

Medications may be administered at school by school personnel when necessary for school attendance. This completed form, along with the medication and/or special equipment items are to be brought to the school by the parent/guardian.

Photo

TO BE COMPLETED BY PARENT / GUARDIAN

I, the parent/guardian of _____date of birth_____ request that the building administrator or his/her designee administer the medication or procedure listed below as directed. I give my consent for the exchange of information between the school and my child's health care provider. I give permission to share, if necessary, this information with school personnel who may be involved with the welfare of my child. I fully realize I can withdraw my request/consent in writing at any future date.

As a parent, I understand my responsibilities are:

1. To provide the school with a supply of medication in the original container appropriately labeled by the pharmacy.
2. To provide the school with the written doctor's instructions for medication administration during school hours And that medication will not be administered until signed doctors instructions are at school.
3. To inform the school of any medical changes.
4. To provide the school with this signed consent form annually and when changes in medication occur.
5. I give permission for my child to self administer rescue medication if approved by physician

Please complete attached asthma action plan from American Lung Association, or submit a current plan already on file in physician office.

Signature of
Parent/Guardian: _____ Relationship: _____ Date: _____

Physician Signature: _____ Date: _____

Physician's Name (printed): _____

Phone Number: _____ FAX Number: _____

Asthma Action Plan

AMERICAN LUNG ASSOCIATION®

General Information:

■ Name _____

■ Emergency contact _____ Phone numbers _____

■ Physician/healthcare provider _____ Phone numbers _____

■ Physician signature _____ Date _____

Severity Classification

❍ Intermittent ❍ Moderate Persistent
❍ Mild Persistent ❍ Severe Persistent

Triggers

❍ Colds ❍ Smoke ❍ Weather
❍ Exercise ❍ Dust ❍ Air Pollution
❍ Animals ❍ Food
❍ Other _____

Exercise

1. Premedication (how much and when) _____
_____
2. Exercise modifications _____
_____

Green Zone: Doing Well

Peak Flow Meter Personal Best =

Symptoms

- ■ Breathing is good
- ■ No cough or wheeze
- ■ Can work and play
- ■ Sleeps well at night

Control Medications:

Medicine	How Much to Take	When to Take It

Peak Flow Meter

More than 80% of personal best or _____

Yellow Zone: Getting Worse

Contact physician if using quick relief more than 2 times per week.

Symptoms

- ■ Some problems breathing
- ■ Cough, wheeze, or chest tight
- ■ Problems working or playing
- ■ Wake at night

Continue control medicines and add:

Medicine	How Much to Take	When to Take It

Peak Flow Meter

Between 50% and 80% of personal best or
_____ to _____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN

- ❍ Take quick-relief medication every 4 hours for 1 to 2 days.
- ❍ Change your long-term control medicine by _____
- ❍ Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN

- ❍ Take quick-relief treatment again.
- ❍ Change your long-term control medicine by _____
- ❍ Call your physician/Healthcare provider within ____ hour(s) of modifying your medication routine.

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms

- ■ Lots of problems breathing
- ■ Cannot work or play
- ■ Getting worse instead of better
- ■ Medicine is not helping

Continue control medicines and add:

Medicine	How Much to Take	When to Take It

Peak Flow Meter

Less than 50% of personal best or
_____ to _____

Go to the hospital or call for an ambulance if:

- ❍ Still in the red zone after 15 minutes.
- ❍ You have not been able to reach your physician/healthcare provider for help.
- ❍ _____

Call an ambulance immediately if the following danger signs are present:

- ❍ Trouble walking/talking due to shortness of breath.
- ❍ Lips or fingernails are blue.