

ASTHMA SCHOOL MEDICATION PLAN



Student Name: _____ Birthdate: _____

School Name: _____ Grade/Rm. _____



Emergency Contact Information and Parent / Guardian Information:

Parent / Guardian-1 (name / relationship): _____

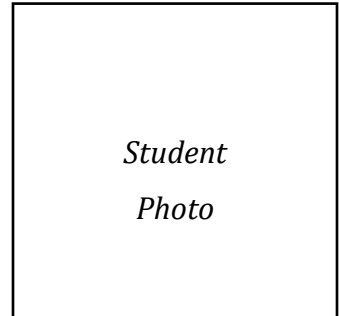
Phone (H) _____ Tel (W) _____

Parent / Guardian-2 (name / relationship): _____

Phone (H) _____ Tel (W) _____

Healthcare Provider _____ Phone: _____

Asthma Specialist: _____ Phone: _____



Emergency contact if other than above (name/relationship): _____ Phone: _____

Diagnosis / Reason for Medication: Asthma Triggers to Avoid for student while at school:	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other:
	<input type="checkbox"/> Smoke / fumes	<input type="checkbox"/> Animal
	<input type="checkbox"/> Mold Spores	<input type="checkbox"/> Dust Mite
	Other: _____	

YES / NO: Student is required to have quick relief asthma medication at school to provide rapid relief of asthma symptoms if needed: **cough, chest tightness, wheezing, trouble breathing, shortness of breath**

YES / NO: Student is required to use quick relief asthma medication BEFORE gym or other exercise to prevent exercise induced bronchospasm from asthma

YES / NO: Student is required to take daily asthma control medication at school as directed

Medication Information					
Name of Medication	YES / NO: Albuterol			Other:	
Form of Medication	<input type="checkbox"/> Inhaler	<input type="checkbox"/> Nebulizer	<input type="checkbox"/> Dry Powder Inhaler	<input type="checkbox"/> Liquid	<input type="checkbox"/> Pill / Capsule
Dosage of Medication	Number of puffs _____		Other: _____		
Other instructions:	YES / NO: Inhaler MUST be used with a spacer (valved holding chamber) for administration YES / NO: Please maintain a written record (Log) of all doses: YES / NO				
When to administer dose	YES / NO: 5-15 minutes before gym, recess, or exercise to prevent exercise induced bronchospasm YES / NO: As needed for FAST RELIEF of chest tightness, shortness of breath, wheezing or prolonged cough or other asthma symptoms. A total of 3 doses can be given within an 8 hour interval YES / NO: Daily at _____ AM / PM for daily asthma control (long term prevention)				
Repeat Dose	_____: DO <u>NOT</u> REPEAT the dose _____: Repeat dose one time if symptoms not gone 10 minutes after first dose <u>AND</u> repeat dose every 3-4 hours IF symptoms RECUR during the school day				
When to call Child's Parent	If after 2 consecutive doses (2-4 puffs per dose) are given and there is no improvement in symptoms, please seek further medical attention and call parent				
When to call Child's Physician	If you have concerns or questions about the student's medication or disease				
Asthma Emergency The steps that should be taken: •Activate the emergency medical system in your area. Call 911. •Call Parent/Guardian and/or Healthcare Provider	The following are possible signs of an asthma emergency: •Difficulty breathing, walking, or talking •Blue or gray discoloration of the lips or fingernails •Failure of medication to reduce worsening symptoms.				

Supervision of Medication	<input type="checkbox"/> Student is permitted to carry medication and self-administer with no supervision <input type="checkbox"/> Student MAY self-administer medication BUT supervision is required for all doses <input type="checkbox"/> Student requires trained assistance to administer all doses		
Expected Normal side effects:	<input type="checkbox"/> None	<input type="checkbox"/> Fast heartbeat, tremor, hyper-activity	Other: _____
Storage Requirements	<input type="checkbox"/> None	<input type="checkbox"/> Refrigerate	Other: _____
START Date to begin Medication	_____ When school receives form	Other: _____	
STOP Date to discontinue Medication	_____ End of school year	Other: _____	
Instructions for proper use of medicine are attached to this form	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PLEASE COMPLETE SECTION BELOW FOR STUDENT PERMISSION TO CARRY INHALER

*******SELF-MEDICATION FOR ASTHMA INHALERS*****
 Authorization (In accordance with ORC 3313.716/3313.14)**

Who keeps the bronchodilator inhaler at school?

School policy restricting possession of medication by students is insufficient grounds for preventing students with sufficient maturity from retaining possession of their bronchodilator inhaler. Such policies, when enforced, delay appropriate treatment and restrict activities unnecessarily. The decision regarding sufficient maturity of the student to be responsible for appropriate inhaler use is an individual one to be made by the parents in consultation with their physician. The inhalers pose no abuse potential or other danger to classmates. While restrictions on bronchodilator inhaler possession may be necessary for the youngest students, it constitutes unreasonable interference with the student's medical care for school personnel to unilaterally restrict possession of bronchodilator inhalers by students judged by parents and physician to have sufficient maturity to use the device appropriately. Possession of the bronchodilator inhaler by the student also promotes earlier use that decreases the risk of requiring emergency care from rapidly progressive asthma, which on rare occasion can cause hypoxia, brain damage, and death. Discussion among parents, physician, and school personnel can determine whether school-supervised administration would improve or deter compliance.

_____ Please check if STUDENT is permitted by healthcare provider to CARRY an inhaler and SELF-MEDICATE at school.

Student Agreement and Signature:

I, _____, agree that I will:

Never allow another student to use my medication.

Keep my medication with me at all times.

Go to the School Clinic, accompanied by someone, when I used my rescue inhaler and continue to have symptoms.

Follow school policy and my medical provider's instructions as outlined in my Asthma Medication Plan.

Student Signature: _____ **Date:** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Prescriber _____ **Date** _____

Copies must be provided to the principal and to the nurse.



SECTION 504 PARENT/CHILD RIGHTS AND PROCEDURAL SAFEGUARDS

1. Your child has a right to take part in and receive benefits from public education programs without discrimination based on a disability.
2. You have the right to receive written notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
3. Your child has a right to an evaluation prior to the development of an initial § 504 plan and any subsequent significant change in placement. Your child is eligible for a free appropriate public education under § 504 of The Rehabilitation Act of 1973 if the § 504 Team determines that your child has a physical or mental impairment that substantially limits one or more major life activities, including the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of the student as adequately as the needs of students without disabilities are met and that are based upon adherence to Section 504's procedural requirements. Major life activities include, but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, working, and learning, or the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, or endocrine functions.
4. The district shall consider information from a variety of sources, including (as appropriate) but not limited to aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, medical reports, student grades, progress reports, parent observations, anecdotal reports, and test scores when making eligibility, educational, and placement decisions under § 504.
5. Eligibility decisions must be made by a group of persons knowledgeable about your child, the meaning of the evaluation data, and the placement options.
6. If eligible as disabled under § 504, your child has a right to periodic reevaluations, generally every three years, before your child's placement is terminated or significantly changed, and if otherwise determined to be necessary.
7. Your child has the right to a free appropriate public education ("FAPE"), meaning the provision of education and related services without cost to the person with a disability or his or her parents or guardians except for those fees that are imposed equally on non-disabled students or their parents.
8. Your child has a right to access facilities, services, and activities that are comparable to those provided for non-disabled students.
9. You have the right to examine educational records of your child and obtain copies at a reasonable cost.
10. With respect to actions regarding the identification, evaluation, or educational placement of your child under Section 504, you have the right to notice, an opportunity to examine relevant records, an impartial hearing with opportunity for participation by you and representation by counsel, and a review procedure.
11. If you wish to challenge the actions of the district's § 504 Team in regard to your child's identification, evaluation, or educational placement, you should file a written grievance with the district's § 504 Compliance Officer, Tebra Page, at Solon City School District, 33800 Inwood Road, Solon, Ohio 44139, within 10 calendar days from the time you received written notice of the § 504 Team's action(s). A hearing will be scheduled before an impartial hearing officer selected and appointed by the district and you will be notified in writing of the date, time, and place for the hearing.
12. If you disagree with the decision of the impartial hearing officer appointed by the district, you have a right to a review of that decision by a court of competent jurisdiction.
13. You have a right to file a complaint with the United States Department of Education Office for Civil Rights (OCR) at any time. OCR may be contacted at 600 Superior Avenue, East, Suite 750, Cleveland, Ohio 44114-2611.

Cari Root

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City, State, and Zip

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