

ASTHMA ACTION PLAN

Student
Photo

Student Information:

Student: _____ Birthdate: _____
School: _____ Grade/Rm. _____

Emergency Information:

Parent(s) or Guardian(s) _____

Mother: Tel (W) _____ Tel (H) _____

Father: Tel (W) _____ Tel (H) _____

Healthcare Provider _____ Tel _____

In case of emergency, contact:

1. Name _____ Tel _____

2. Name _____ Tel _____

Asthma Emergency Action:

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.

These signs indicate the need for emergency medical care. The steps that should be taken:

- Activate the emergency medical system in your area. Call 911.
- Call Parent/Guardian and/or Healthcare Provider

Triggers: _____

Name of Medication	Dosage	Time

Start Date _____ End Date _____

Steps for an Acute Asthma Episode (to be completed by physician)

1. _____

2. _____

3. _____

4. _____

Signature of Parent/Guardian _____ Date _____

Signature of Prescriber _____ Date _____

I received a copy of the Section 504 Procedural Safeguards for the current school year. _____

Parent Signature

PLEASE COMPLETE NEXT PAGE FOR PERMISSION TO CARRY INHALER

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

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

Complete the following and parent/guardian and healthcare provider must SIGN below:

Student Name _____

Medication _____

Dosage/Time(frequency) _____

Date to Begin Administration _____

Date to End Administration _____

Adverse reactions that should be reported to physician:

Adverse reactions for unauthorized user:

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack:

Other special instructions:

Prescriber and Parent/Guardian Names and Signatures REQUIRED for Self Medication of Asthma Inhalers:

Prescriber Name _____

Tel _____

Signature of Prescriber _____

Date _____

Parent/Guardian Name(s) _____

Tel _____

Signature of Parent/Guardian _____

Date _____

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



Solon City Schools
Administrative Offices
33800 Inwood Road
Solon, OH 44139
(440) 248-1600
fax: (440) 248-7665

Dear Parent/Guardian:

The American with Disabilities Act (ADA) is an anti-discrimination law that protects individuals with disabilities from disability-based discrimination. Originally passed in 1990, the ADA was amended in 2009. The amendments broadened the scope of the ADA's coverage in many ways. In short, under the amendments, more students in schools meet the ADA definition of an "individual with a disability" and are entitled to the protection by the ADA.

Section 504 of the Rehabilitation Act of 1973 (Section 504) is also an anti-discrimination law. Section 504 prohibits entities that accept federal funding such as public school districts, from discriminating against individuals with disabilities. The amendments broadening the scope of the ADA's coverage are also applicable to Section 504.

Because you are making the District aware that your child has a medical condition by completing a health action plan this letter is to inform you that he/she may be eligible for a Section 504 plan under the expanded definitions in Section 504.

In order to determine whether your child is eligible under Section 504, an evaluation must be conducted by a team of individuals from the District. Whether or not your child is evaluated is your choice and no evaluation will be completed without your written consent. Page 2 of this letter outlines the *Section 504 Parent/Child Rights and Procedural Safeguards*.

If you have questions about this information or would like to discuss an evaluation, please **contact the Guidance Counselor at your child's school.**

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.

Tebra Page

Name

33800 Inwood Road

Address

Solon, Ohio 44139

City, State, and Zip

Solon City

School District

Director of Pupil Services

Title

(440) 349-7293

Telephone

tebrapage@solonboe.org

E-mail