

Name of Student: \_\_\_\_\_ School Year: \_\_\_\_\_

Teacher/Home Form: \_\_\_\_\_ Grade: \_\_\_\_\_

Location of Medication (Inhaler): \_\_\_\_\_

(It is an expectation that students carry an inhaler with them at all times)

**KNOWN ASTHMA TRIGGERS**

- colds/viruses  exercise  weather conditions  strong smells  animals  other: \_\_\_\_\_  
 anaphylaxis (and asthma greatly increases severity of breathing difficulties)

**MEDICATION: Reliever/Rescue inhaler**Use reliever inhaler \_\_\_\_\_ in the dose of \_\_\_\_\_  
(name of medication) (# puffs/doses)Reliever inhaler is used:  to relieve symptoms  
 to prevent exercise induced asthma, given 10-15 minutes prior to activity.

Please specify activity: \_\_\_\_\_

Location of Reliever Inhaler:  student carries own inhaler  
 stored in classroom (specify: \_\_\_\_\_)  
 other: \_\_\_\_\_Student can self-administer?  Yes  No, requires assistance**MILD ASTHMA SYMPTOMS:****If the student is experiencing one or more of the following symptoms:**

- continuous coughing
- complaints of chest tightness
- difficulty breathing
- wheezing (not always present)

(these symptoms may be accompanied by restlessness, irritability, tiredness)

**ACTION:**

1. Administer reliever inhaler. (If no improvement in 5-10 minutes this may be considered an emergency see below)
2. Stay calm and remain with the student.
3. Tell the student to breathe slowly and deeply.
4. Notify parents of the episode.
5. If the student is feeling better they can resume normal activity.

**ASTHMA EMERGENCY PLAN:****The presence of ANY of the following symptoms indicates an emergency:**

- breathing is difficult and fast
- unable to catch breath
- difficulty speaking a few words
- lips or nail beds are blue or grey
- skin on neck or chest sucked in with each breath

(Student may be anxious, restless and/or very tired)



1. **CALL 911**
2. Give reliever inhaler immediately and continue to give reliever inhaler every few minutes until help arrives. Have the student sit up.
3. Stay calm. Remain with the student.
4. Tell student to breathe slowly and deeply.
5. Have the student, a familiar adult and appropriate documentation (Form A &B) ready to go.
6. Call parents/guardians

**Contact Information:** Home Phone #: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

I agree that the school may post my child's picture, take the emergency measures and share this information as necessary, with the staff of the school, health care providers and agents of the Board e.g., school bus drivers.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

This personal information is being collected, used and disclosed to school staff, volunteers and agents of the Board in accordance with the *Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, Education Act and Ryan's Law, 2015*, for the purpose of addressing the student's asthma.



