

(To be completed by physician)

EMERGENCY PLAN and AUTHORIZATION FOR MEDICATION TO BE ADMINISTERED IN SCHOOL.

Emergency action is necessary when the student has symptoms such as _____ or has a peak flow reading of _____

- During school hours, contact the school nurse. The following steps should be taken by the school nurse or principal/designee during an asthma episode:

A. Give EMERGENCY ASTHMA MEDICATIONS as listed below.

Medicine	Amount	When To Use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

B. SEEK EMERGENCY MEDICAL CARE AND CONTACT THE PARENT/GUARDIAN IF THE STUDENT HAS ANY OF THE FOLLOWING:

- No improvement after initial treatment with medication.
- Hard time breathing with:
 - Chest and neck pulled in with breathing
 - Child is hunched over
 - Child is struggling to breathe
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips or fingernails are gray or blue

**IF THIS HAPPENS, GET
EMERGENCY HELP NOW!**

COMMENTS / SPECIAL INSTRUCTIONS

SELF MEDICATION RELEASE FORM FOR INHALED MEDICATIONS

_____ I have instructed _____ in the proper way to use his/her inhaled medications. It is my professional opinion that _____ should be allowed to carry and use the inhaled medication by him/herself.

_____ It is my professional opinion that _____ should not carry his/her inhaled medication by him/herself.

Physician signature

Date

Parent signature

Date