Student Asthma Action Card and Written Orders

Name	Grade/Section				Insert most recent photo
Medication order/s:1					here
2				[
3					
 Student has been instructed in the proper use of medications and should be allowed to self carry and self administer medication.* It is my professional opinion that this student should <u>not</u> be allowed to carry and use prescribed medication by him/herself. 					
Physician signature		DATE			
(<u>required)</u> Parent/Guardian signature	DATE				
(required) * In most cases it is <i>preferable</i> to have medication kept in the health office so that the school nurse can assess your child and notify you if there is a problem. Students often lose or misplace their inhalers making it a problem when they need to be medicated right away.					
Parent/Guardian	I	^D hone	_Cell		
Parent/Guardian		^D hone	_Cell		_
Emergency Contact	F	Phone	_Cell		_
Daily asthma management plan					
Please identify asthma triggers – the things that start an asthma episode					
Exercise	Strong odors or fumes	Change in tempera	ature	Poller	l
Respiratory infections	Chalk dust/dust	Animals		Molds	
Food	Other				
Please list other medications taken at home on a regular basis**					

**Please notify the School Nurse when your child is placed on new medication/s, even if only taken at home. *In the event of an emergency* at school, it is important for the nurse to report to EMS personnel what medication a student has had on any given day.

Signs of an EMERGENCY: Call 911 and parents

- □ No improvement of symptoms after 15-20 minutes of receiving medication
- Chest and neck pulled in when breathing.
- Sitting hunched over
- Difficulty walking and talking
- Cannot stop coughing
- Lips and nail beds are blue (cyanotic)