

WARREN COUNTY PUBLIC SCHOOLS HEALTH SERVICES

Primary Care Provider Authorization: Asthma (Side One)

Student: _____ Date of Birth: _____

School: _____ School Year: _____

Triggers (Check all that apply to this child)

- Exercise, Animals, Fumes, Carpet, Strong Odors, Pollen, Molds, Respiratory Infection, Chalk Dust, Change in temperature, Trees/Grass/Shrubbery

Foods (Specify): _____

*If food(s) may cause an anaphylactic reaction, you MUST complete a Primary Care Authorization Allergic Reactions/Food Allergies/Anaphylaxis/EpiPen/Twinject form

Other (Specify): _____

Signs and Symptoms student will likely exhibit (Check all that apply)

*Note: Parent/Guardian will be contacted if symptoms persist

- Coughing, Wheezing, Labored/Difficulty Breathing

Other (Specify): _____

Recommended Preventative/Interventive Measures (Check all that apply)

- Encourage student to assume position of comfort, Offer warm liquid to drink, Nebulizer (see back of form), Encourage slow, even breaths, Inhaler (see back of form), Other (Specify):

PEAK FLOW MEASUREMENTS

Will this child be checking his/her peak flow measurements at school? Yes No

*IF YES, PLEASE ATTACH LEVELS AND INTERVENTIONS NEEDED

EMERGENCY PLAN OF ACTION

- 1. Initiate preventative/intervention measures as indicated on this form. 2. Call EMS 911 if: wheezing or coughing does not improve after #1 completed; student is hunched over and/or having difficulty breathing; student has trouble walking or talking; student's fingernails or lips are blue/ashen; and/or student's peak flow readings drop into the "red" zone. 3. Notify school personnel trained in CPR/first aid to come stay with student and initiate CPR if needed prior to EMS arrival. 4. Notify parent/guardian or emergency contact. 5. If student needs to be transported via EMS, Warren County Public School staff must ride with student unless parent and/or emergency contact accompanies them. 6. Other: 7. Other:

PLEASE COMPLETE BOTH SIDES OF THIS FORM

WARREN COUNTY PUBLIC SCHOOLS HEALTH SERVICES

Primary Care Provider Authorization: Asthma (Side Two)

Student: _____ Date of Birth: _____

School: _____ School Year: _____

INHALERS:

This student has been trained to use his/her inhaler and should be allowed to carry and use their prescription inhaler on his/her own. Yes* No**

*If yes, please note: Student will be expected to carry and use his/her inhaler responsibly.

**If NO, where should inhaler be kept:

In office In classroom Other: _____

Date to begin medication(s): _____ Date to discontinue medication: _____

Name of inhaler and dosage: _____

Time of day to administer: _____

Reaction or side effects: _____

Comments: _____

NEBULIZER INHALATION THERAPY

Medication via the nebulizer will be given at school as follows: On a daily basis As needed

Date to begin medication(s): _____ Date to discontinue medication: _____

Medication No. 1 (Name and Dosage): _____

Medication No. 2 (Name and Dosage): _____

Time of day to administer: _____

Reaction or Side effects: _____

Comments: _____

FORM MUST BE COMPLETED BY HEALTH CARE PROVIDER AND PARENT/GUARDIAN

Printed Name of MD, ARNP, or PA _____ Address _____ Date _____

Signature of MD, ARNP, or PA _____ Telephone No. _____ Fax No. _____

***Parent/guardian hereby acknowledges that if this medication is not self-administered, it will most likely be administered by trained, unlicensed WCPS personnel. By signing this form, the parent/guardian shall acknowledge that the Warren County Board of Education and its employees shall incur no liability as a result of any injury sustained by the student from self-administration of his/her medications to treat asthma and the parent/guardian shall indemnify and hold harmless the school and its employees against any claims relating to the self-administration of such medication. This form shall not relieve the liability of the school or its employees for their own negligence.**

Signature of Parent/Guardian _____ Telephone No. _____ Date _____

Emergency Contact _____ Telephone No. _____ Relationship _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM