



Student Name: _____ Date of Birth: _____

Student Photo

Grade: _____ Teacher: _____

Student's Approximate Weight: _____

EMERGENCY CONTACTS (LIST IN PRIORITY)

Table with 4 columns: NAME, RELATIONSHIP, DAYTIME PHONE, ALTERNATIVE PHONE. Rows 1, 2, 3.

KNOWN ASTHMA TRIGGERS

SELECT ALL THOSE THAT APPLY

- Checkboxes for Colds/Flu/Illness, Smoke, Pets, Strong Smells, Hot/Cold Change in Weather, Dust, Pollen, Mould, Physical Activity/Exercise, and Other (Specify).

DAILY/ROUTINE ASTHMA MANAGEMENT
RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Use reliever inhaler _____ in the dose of _____
(name of medicine) (# of puffs)



Spacer provided? [] Yes [] No

HEALTH CARE PROVIDER INFORMATION

I hereby agree with the diagnosis of this student, the medication, and this plan of care.

Health Care Provider (Please print) _____ Signature _____ Date _____

AUTHORIZATION / PLAN REVIEW

- Checkboxes for assistance with inhaler use, carrying inhaler at all times, and location of spare inhaler.

We agree _____ is responsible to carry their inhaler at all times.
(name of student)

This Plan remains in effect for the 20__ - 20__ school year. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the Plan of Care during the school year).

Parent(s)/Guardian(s)/Student (if age 18+)

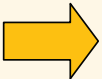

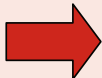



Signature _____ Date _____

(Parent Initial) I authorize the sharing of this plan with principals, teachers, support staff, volunteers, bus operators and drivers, and other adults as appropriate, which may include the posting in designated locations.

(Parent Initial) I authorize the sharing of signs and symptoms of this medical condition with other students.

Authorization for the collection of this information is in the Education Act. The purpose is to collect and share medical information and to administer proper medical care in the event of an emergency or life-threatening situation.

Managing Asthma Attacks

TAKE ACTION	
<p>If any of the following occur:</p> <ul style="list-style-type: none"> • Continuous coughing • Trouble breathing • Chest tightness • Wheezing (whistling sound in chest) <p>Student may also be restless, irritable and/or very tired.</p>	<p style="text-align: center;"></p> <p>Step 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided. </p> <hr/> <p>Step 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an emergency – follow steps below.</p>
EMERGENCY	
<p>If any of the following occur:</p> <ul style="list-style-type: none"> • Breathing is difficult and fast • Cannot speak in full sentences • Lips or nail beds are blue or gray • Skin on neck or chest sucked in with each breath <p>Student may also be anxious, restless and/or very tired.</p>	<p style="text-align: center;"></p> <p>Step 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided. </p> <p> Call 911 for an ambulance. Follow 911 communication protocol with emergency responders. </p> <hr/> <p>Step 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives.</p>
<p>While waiting for medical help to arrive:</p> <ul style="list-style-type: none"> ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction). ✓ Do not have student breathe into a bag. ✓ Stay calm, reassure the student, and stay by his/her side. ✓ Notify parent/guardian or emergency contact. 	

This publication is available in Accessibility for Ontarians with Disabilities Act (AODA) electronic format at www.on.lung.ca/resources.

To learn about asthma call The Lung Association Lung Health Information Line at 1-888-344-LUNG (5864) or visit www.on.lung.ca