OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION FORM

ASTHMA ACTION PLAN:

9020.05F

PARENT/GUARDIAN AUTHORIZATION

Student:		Grade/Teacher	:I	OOB:
List routine, daily meds taken to co	ontrol ASTHMA/A	llergies:		_
Physician Name/Phone:			/	
Medical Condition - ASTHMA :	Controlled	Chronic	Acute when ill	Seasonal
MEDICATION A	ADMINISTRATIO	ON -REQUIR	ES PRESCRIPTION	LABEL
ADMINISTER INHALER/Medica	tion			PUFFS everyhour.
This medication is to be administer	ed under what spec	cial conditions:		
INHALER WILL BE STORED IN	SCHOOL OFFIC	E.		
Other emergency medication:				
ASTHMA	TRIGGERS, SY	MPTOMS AN	D INTERVENTION	S
CheckTriggers: Exercise	Animals Cold	Weather N	Molds Respiratory	Illness Chalk
Dust Pollen Odors Pe	erfumes Trees/	Grass Later	Food:	
Check Symptoms: Coughing	Wheezing	Labored/Diffic	culty Breathing O	ther:
Nebulizer Inhalation Therapy:	YES NO			
If YES, Parent provides all equipm	ent including clear	n tubing, nebuli	zer and medications w	rith prescriptive label.
DAILY/Frequency	When S	ymptomatic	Other	
Medication #1 (Name and Dosage):				
Medication #2 (Name and Dosage):				
Time of day to administer if daily:				
Potential side effects:				
In the event of a crisis requiring im medication. The undersigned under licensed healthcare professional. To circumstances. The undersigned ag intervening staff member harmless unless injury was caused by the em	stands that the emp he undersigned her rees to hold the Bo for any injuries res	ployee administ eby consents to eard of Education sulting from me	ering the <i>prescribed</i> r the intervention of th n, its members and er	nedication is not a e employee under these aployees, and the
Parent/Guardian hereby gives cons County Board of Education and its referenced above with school or Di school events.	employees, and for	r the child's phy	sician to discuss his	or her medical condition
Signature of Parent/Guardian			Ī	Date
Home Phone	Cell Phone	:: ::	<u> </u>	Vork Phone
Emergency contact:		Phone:		Relationship:

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PHYSICIAN/PARENT AUTHORIZATION for SELF ADMINISTRATION

Student:		DOB:				
School/Grade: Current Age:						
PHYSICIAN AUTHORIZATION for Physician and Parent/Guardian			NT			
Diagnosis – ASTHMA: Controlled Chronic	c Acute w/illness	Seasonal				
Medication/Inhaler:		Dosage:				
This student has been instructed by PHYSICIAN regarding the care, storage and use of this prescribed medication and has the ability to determine appropriate administration of the medication. The medication must be carried on the student's person and will be labeled with the student's name. This student had been instructed by PHYSICIAN that if symptoms are not relieved by medication administration, STUDENT must notify a school staff member or other supervising adult immediately.						
Printed Name of MD, DO, ARNP or PA		FAX number				
Signature of MD, DO, ARNP or PA		Telephone	Date			
PARENT/GUARDIAN AUTHORIZATION FOR SELF-ADMINISTRATION BY STUDENT						
Signing this form shall release Oldham Co. Board of Edresulting from your student carrying, maintaining, and s OCBE employees from any claim resulting from studen state law KRS 158.834. Parent/Guardian gives consent the medical condition referenced above with physician technol events. Permission for self-administration of med granted by Physician and Parent and shall be renewed expression.	elf-medicating. Parent/guat's self-administration of a to Oldham County Board to assist in planning for the dication shall be effective	ardian agrees to he medication to treat of Education empthe e student's care very for the school ye	nold harmless at Asthma per ployees to discuss while at school or			
Parent/Guardian of	AGREES	S that it is the resp	ponsibility of the			
parent/guardian to require the student to be in possession extracurricular activities and during field trips. Replaced parent/guardian.						
Signature of Parent/Guardian	Home Phone and Cell	Date				
Emergency contact:	Phone:	Relation	onship:			

EMERGENCY PLAN OF ACTION for STUDENTS WITH ASTHMA

- 1. CALL EMS 9-911 if wheezing or coughing has not improved after medication administration by student; student is having difficulty breathing; student has trouble walking or talking; student's fingernails, lips or gum line (darkened) are blue/ashen; student has any of the above symptoms and does NOT have access to medication documented above.
- 2. NOTIFY school personnel trained in CPR/AED to care for student and initiate CPR/AED if needed prior to EMS arrival. Notify parent/guardian or emergency contact. If student is transported via EMS, a school staff member must accompany student.

Adopted Revised: April 29, 2010, April 29, 2019, May 29, 2020