

****Part A: Prescribed Asthma Medication. To be completed by Physician.****

****Form required when medication is first prescribed or when there is a change in medication.****

Student Name: _____ Date of Birth: _____
 Address: _____ Home Telephone: _____
 School: _____ School Year: _____

Please indicate all known asthma triggers for this student:

<u>Chemical Reactions</u>	<u>Environmental</u>	<u>Weather</u>	<u>Physical</u>	<u>Other(s) (specify):</u>
<input type="checkbox"/> Strong Odours	<input type="checkbox"/> Pollen	<input type="checkbox"/> Hot/Cold Weather	<input type="checkbox"/> Exercise/Physical Activity	_____
	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Smog	<input type="checkbox"/> Colds / Flu	
			<input type="checkbox"/> Allergies	

Please indicate all known symptoms of asthma attack for this student:

Chest Tightness Continuous Coughing Trouble Breathing Wheezing (whistling sound in chest) Other (specify): _____

Recommended treatment in the event of asthma symptoms:

Reliever inhaler (Fast-Acting) Yes No Spacer provided?: Yes No

Medication Name: _____ Dosage / Time / Frequency: _____

Student self-administers Reliever inhaler?: Student needs assistance / supervision taking inhaler:

Other Asthma Medications (specify): _____

Possible side effects of the asthma medication?: _____

Recommended storage location(s) of this student's asthma medication at school:

With Student In Office. Location: _____

In Classroom. Location: _____ Other. Specify: _____

The Following will be included in this student's "ALERT: Asthma Student Emergency Response Plan"

* Taken from the Lung Association of Ontario

MANAGING ASTHMA ATTACKS - TAKE ACTION IF ANY ASTHMA SYMPTOMS OCCUR:

- STEP 1:** Immediately have student use their fast-acting reliever inhaler (usually a blue inhaler). Use spacer if provided.
STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone.

If symptoms worsen or do not improve within 10 minutes, this is an EMERGENCY. Follow steps below.

IN THE EVENT OF AN EMERGENCY:

- STEP 1:**
- Immediately use fast-acting reliever (usually a blue inhaler). Use a spacer if provided.
 - CALL 911 for an ambulance. Follow 911 communication protocol with emergency responders.
- STEP 2:**
- If symptoms continue, use reliever inhaler every 5 - 15 minutes until medical help arrives

WHILE WAITING FOR MEDICAL HELP TO ARRIVE:

- 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.

Physician's Name: _____ Telephone: _____
 Address: _____
 Physician's Signature: _____ Date: _____

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information is collected under the authority of the Education Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act for the purpose of meeting the student's needs as outlined. Questions about information collected on this form may be directed to the school principal.

Student Name: _____ **Date of Birth:** _____
Address: _____ **Home Telephone:** _____
School: _____ **School Year:** _____

In case of emergency, the contact person is:

Name: _____ **Telephone:** _____
Relationship: _____

This is to authorize the administration of:

Prescribed Medication(s): _____

Parent(s)/Guardian(s) are responsible for ensuring that asthma medication:

- a) Is contained in the original container.
- b) Is clearly labelled with the name of the child.
- c) Is clearly labelled with the name of the physician.
- d) Is updated prior to its expiry date.

Asthma medication stored in the the office area will be delivered to the principal / designated person by the parent / guardian unless otherwise determined.

Storage location of student's asthma medication at school:

With Student In Office. Location: _____
 In Classroom. Location: _____ Other. Specify: _____

Student has a Medical Alert ID: Yes No

NOTE: Dufferin-Peel CDSB is participating in the No Child Without[®] initiative through the Canadian MedicAlert[®] Foundation. Registered schools can support families access free MedicAlert bracelets and supporting resources through this initiative found at <http://www.nochildwithout.ca>

Parent/Guardian Signature: _____

Date: _____

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Distribution: OSR Parent / Guardian