Asthma Action Plan/Permit for Self-Administration of Asthma Medication

Name	Date of Birth	Today's Date
Health Care Provider	Provider's Phone Number	School
Parent/Guardian Name	Parent/Guardian Phone	Alternate Phone
Parent/Guardian Name	Parent/Guardian Phone	Alternate Phone
Emergency Contact	Phone	Preferred Hospital

Asthma Severity	Asthma Triggers Identified (Things that make asthma worse):
___ Intermittent or ___ Persistent: ☐ Mild ☐ Moderate ☐ Severe **Asthma Control** ☐ Well-controlled ☐ Needs better control	☐ Cold ☐ Dust ☐ Pollen ☐ Stress/emotions ☐ Exercise ☐ Strong odors ☐ Mold/moisture ☐ Gastric reflux ☐ Season: Fall Winter Spring Summer ☐ Other: _____

List the medications your child takes for asthma:

Name:	Dosage:	Frequency:	Time to be given:	Side Effects:

Does your child take these medications……? (check all that apply)

_____ On a regular basis
_____ At home only as needed
_____ At school on a regular basis
_____ At school only as needed

Does your child have an inhaler? Yes No

Does your child carry an inhaler at school? Yes No Sometimes

If Yes/Sometimes please complete consent at the bottom of this form. If inhaler is to be administered by Authorized School Personnel please complete a separate Medication Administration Consent (requires Physician signature).

Should your child use the inhaler before PE? Yes No Sometimes

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What are the symptoms your child shows during an asthma attack?
Steps you would like the school staff to follow if your child has an asthma attack: 1. _____ 2. _____ 3. _____

I, _____, give permission for my child to self-medicate the asthma medication as directed by the physician. The medication will be in a container appropriately labeled by the pharmacy. I will notify Charlotte Lab School in writing if the medication is discontinued. Also, I will obtain documentation from the physician if the medication dosage is changed. I understand that Charlotte Lab School will have no liability for my child's self-medication. I agree to indemnify and hold harmless Charlotte Lab School, along with its agents and employees, against any claim (except a claim based upon willful and wanton conduct.)

Parent/Guardian Signature: _____ Date: _____

Address: _____

Phone: _____