West Bloomfield Schools
Asthma Medical Plan

Student's Name ___________________________________ Date of Birth _________________

School Year __________________________

Contact Information

First Contact	**Second Contact**
Name _________________________________	Name _____________________________
Relationship ___________________________	Relationship _______________________
Phone (1) _____________________________	Phone (1) _________________________
Phone (2) _____________________________	Phone (2) _________________________

Asthma Triggers - may cause an asthma episode at school (circle all that apply)

Exercise	Animal dander	Cold weather/extreme temperatures
Dust/Carpet	Grass/pollen	Respiratory illness (colds)

For asthma my child has/uses the following:

☐YES ☐NO A spacer.

☐YES ☐NO Medication at home (other than rescue) to control asthma.

☐YES ☐NO A nebulizer (breathing machine) at home.

☐YES ☐ NO I will supply the school with a backup inhaler if my child is to self-carry.

I agree to have the information in this medical plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having medical plans to better identify needs. I give permission for trained staff to administer the medication ordered in this plan and to contact the ordering healthcare provider for clarification of orders, if needed.

Parent/Guardian Name (Print) ____

Signature ____ **Date** ______________

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Asthma Medical Plan

Student Name ____ Date of birth _____________

Signs of Asthma Attack

- Wheezing (noisy breathing)
- Shortness of breath
- Difficulty breathing
- Coughing
- Chest tightness or pressure

Action

- Remain Calm
- Have the student sit upright
- Encourage slow deep breathing: In through the nose and out through puckered lips
- Give Medication as ordered
- Use a spacer if provided
- Be sure to pause in between puffs of the inhaler
- Stay with the student until breathing has returned to normal

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Signs of Asthma EMERGENCY

- No improvement 10-15 minutes after medication is given
- Breathing difficulty gets worse
- Skin pulls in around collar bone or ribs with each breath (shoulders may rise)
- Looks anxious, frightened and/or restless
- Cannot talk in a complete sentence
- Cannot walk and talk at the same time
- Stops playing and cannot start activity again
- Hunched over
- Pale color or blue around mouth or nail beds (skin may be damp)

Action

CALL 911 and Parent/Guardian
Repeat medication, if ordered, while waiting for emergency help to arrive
Start **CPR** and **Rescue Breathing** if necessary

Medication ________________________________ Dose _____________________________

☐YES ☐NO Treatment may be repeated in ______________ minutes if symptoms do not improve or worsen.
Nebulizer instructions ____

☐YES ☐NO Medication is needed __________ minutes before PE/recess/strenuous exercise
☐YES ☐NO Student can use inhaler correctly, knows when to get adult help, not to share, and how to properly maintain device. Therefore, it is my opinion, this student should be allowed to self-carry their inhaler.

Physician/Licensed Prescriber Name (Print) ______________________________________

Phone Number _______________________________ **Fax number** ____________________

Signature ____ **Date** ___________________

07/17/2023