



Alta Loma School District

Asthma Packet

Please complete the following forms to better help us understand your child's health condition and provide a safe and healthy school environment.

- Authorization for Exchange of Information (Signature needed)
- Questionnaire (Signature needed)
- Authorization for Medication at School (Signature from parent and doctor needed)
- Medication Policy

If you have any questions or concerns please feel free to email any one of the Nurses below. We appreciate your help in providing the best care for your child.

Sincerely,
Alta Loma School District Nurses

Erin Stevens, MSN, RN
estevens@alsd.org

Karen Simon, MSN, RN
ksimon@alsd.org

Patti Boyle, BSN, RN
pboyle@alsd.org



ASTHMA ACTION PLAN

How long has your child had asthma? _____

Rate the severity of his/her asthma. (Circle One)
(not severe) 1 2 3 4 5 6 7 8 9 10 (severe)

How many days would you estimate he/she missed school last year due to asthma? _____

How often does your child have an attack? Weekly Monthly Yearly

What triggers your child's asthma attacks? (Check all that apply)

- Illness Emotions Medications
- Weather Exercise Chemical Odors
- Fatigue Food Other: _____

What does your child do at home to relieve wheezing during an asthma attack?

- Breathing Exercises Uses Inhaler Other: _____
- Rest/relaxation Uses Nebulizer
- Drinks water Uses Oral Medication

Please list your child's medication(s).

Daily medication(s): _____

Medication(s) for asthma symptoms: _____

Please list the medication(s) that you will provide for the nurse to keep in the clinic.

Medication(s): _____

Symptoms that would indicate the need for medication(s): _____

How many times has your child been treated at the emergency room in the past year for asthma? _____

How many times has your child been hospitalized in the past year for asthma? _____

How often does your child see a doctor for routine evaluations? _____

Do you know what your child's baseline peak flow rate is? Yes No

Personal best flow rate: _____ Red zone: _____

If your child suffers a severe asthma attack at school, what plan of action would you prefer school personnel to take?

Thank you for your time and assistance in assessing your child's special needs in school. By signing this form, you authorize permission for this information to be shared with any school personnel who would be responsible for your child during the school day. Thank you!

Parent Signature: _____

Date: _____

Reviewed by R.N.: _____

Date: _____



INFORMATION FOR PARENTS OF STUDENTS NEEDING TO TAKE MEDICATION AT SCHOOL

Dear Parent/Guardian,

It is generally better to have medication administered at home; however, sometimes it is necessary for a child to take medication during school hours and we wish to assist you as needed. The school nurse serves several schools and is not available to help students take medication on a daily basis, so medically untrained, unlicensed school personnel most often perform this function. **Consequently we urge you, with the help of your healthcare provider, to work out a schedule to give medication outside school hours.**

In compliance with California Education Code 49423, when an employee of the school district helps a student take medication, the employee must be acting in accordance with the written directions of a person licensed to prescribe medications and with the written permission of the child's parent or legal guardian. These authorizations must be renewed whenever the prescription changes and at the beginning of each school term. ***THE INSTRUCTION LABEL ON PRESCRIPTION MEDICATIONS WHICH IS APPLIED BY THE PHARMACIST IS NOT ACCEPTABLE AS A PHYSICIAN'S STATEMENT. A PRESCRIPTION IS ALSO REQUIRED FOR OVER THE COUNTER MEDICATIONS. CHILDREN MAY TAKE MEDICATIONS AT SCHOOL ONLY WHEN A LEGAL PRESCRIPTION AND WRITTEN PARENT AUTHORIZATION ARE ON FILE.*** Prescriptions which are faxed to us must be followed by the original written prescription. Please ask your healthcare provider to mail the original at the time the fax is sent.

All medication must be stored in the health office. Children are not allowed to have medication in their possession at school, walking to and from school or on the school bus. This policy provides for the safety of all students on campus. The only exception to this policy is if the student's well-being is in jeopardy unless the medication, such as an inhaler for asthma, is carried on his/her person. The appropriate release forms can be obtained from the school and must include a statement from the physician that the student's well-being is in jeopardy unless he/she carries the medication.

Medication must be provided to the school in the container in which it was purchased, with the prescription label attached, and must be prescribed to the student who will take the medication. Students may not take medication brought to school in a plastic bag, plastic ware, or any other repackaging. Students may not take out of date medication at school. An adult must bring the medication to school along with the completed authorization form/s.

If you anticipate a visit to your child's physician or dentist and expect that medication may be prescribed or the dosage changed, please stop by the school office for the appropriate forms.

Thank you.

ALTA LOMA SCHOOL DISTRICT NURSES

Erin Stevens MSN, RN
District School Nurse

Karen Simon MSN, RN
District School Nurse

Patti Boyle, BSN, RN
District School Nurse