

## Newburyport Public Schools Asthma Action Plan

Attach student  
picture here

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Guardian Name(s)	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact #1: \_\_\_\_\_  
Name Relationship Phone

Emergency Contact #2: \_\_\_\_\_  
Name Relationship Phone

- My Child has symptomatic occurrences of Asthma.
- My Child has NO current problem with Asthma. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If your child has symptomatic asthma, please complete the following information**

Physician Treating Student for Asthma: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Daily Asthma Management Plan**

Identify the things that start an asthma episode (check each that applies to the student)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust/dust       | _____                                     |
| <input type="checkbox"/> Change in temperature  | <input type="checkbox"/> Carpets in the room   | _____                                     |
| <input type="checkbox"/> Animals                | <input type="checkbox"/> Pollen                | _____                                     |
| <input type="checkbox"/> Food                   | <input type="checkbox"/> Molds                 | _____                                     |

Does your child take asthma medications  daily  ONLY when having an asthma attack  
*List daily medications (if applicable):* \_\_\_\_\_

Describe your child's asthma symptoms: \_\_\_\_\_  
 Does your child understand asthma and his/her management of asthma?  Yes  No  
*If no, describe what he/she still needs to learn.*

**Emergency Plan**

Plan for treating a mild attack: \_\_\_\_\_  
 Emergency action is necessary when the student has severe symptoms such as:

**Asthma Medication Plan in School**

Medication	Dose	Frequency	When to Use
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to have the school nurse or school personnel designated by the school nurse carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as she determines appropriate for my child's health and safety.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Asthma Action Plan**

**Inhalers at School**

**If your child's plan includes the use of an inhaler, please choose one.**

\_\_\_\_\_The student comes to the nurse's office where the inhaler is kept unlocked and uses it under the nurse's supervision. The advantage is that the medication will be used correctly under supervision.

\_\_\_\_\_ QUALIFIED students will be allowed to carry their inhaler. The advantage is immediate accessibility. A recommendation is a spare inhaler kept in the nurse's office in case the student should forget theirs or run out. If my child carries an inhaler with them at school:

- The student must demonstrate the correct use of the inhaler to the school nurse.
- The student agrees never to share the inhaler with another student
- The student agrees that after two puffs, if there is not marked improvement they will go to the nurses office immediately.

I give permission for my child \_\_\_\_\_ to carry the above-mentioned inhaler. I understand that they must follow the rules above. I will notify the school nurse of any changes in medication or my child's condition.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice:** Newburyport Public Schools is concerned with the safety and well being of all its children. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after school personnel cannot deliver medical procedures or obtain or administer medications. Students with special health needs are encouraged to carry necessary items (e.g., inhalers, EpiPens) during these times. If your child requires specific assistance during an after school event please contact your child's school nurse for guidance.