

ONLY FOR STUDENTS WITH ASTHMA!

ARROWHEAD HIGH SCHOOL - ASTHMA INDIVIDUALIZED HEALTH PLAN

Student name _____ Home phone number _____

Mother's name _____ Work phone number _____

Father's name _____ Work phone number _____

Physician _____ Physicians phone _____

How long has your child had asthma? _____

Would you like a courtesy call before field trips as a reminder to send inhalers? ___ Yes ___ No

Please check your child's typical asthma symptoms.

___ wheezing ___ dry cough ___ difficulty breathing ___ lips/nails turn blue ___ other (please explain)

Please check what triggers your child's asthma attacks.

___ vigorous exercise ___ respiratory infection/cold ___ excitement/stress ___ weather
___ environmental irritants (Please list) _____ ___ allergies (Please list) _____

Treatment Plan:

1. Call the school nurse.
2. Have the child sit upright with shoulders relaxed.
3. Have student administer any inhaler/medication order by physician below.

Parental Consent:

- I hereby give my permission for the school nurse, health room personnel, office staff or authorized school personnel to give the medication to my child according to the directions stated below.
- I give permission to the school nurse to contact the student's physician.
- I further agree to hold the Arrowhead School District, and the above-identified person(s) harmless in any or all claims arising from the administration of this medication or the performance of this procedure at school.
- I agree to notify the health room at the termination of this request or when changes in the below orders is necessary.
- If I cannot be reached by phone and my child does not respond to the medication listed below, 911 will be called to transport my child to the nearest hospital.

Date

Signature or Parent/Legal Guardian

TO BE COMPLETED BY A PHYSICIAN!

Please list any restrictions to activity. _____

Physician medication or inhaler order:

Name of medication or inhaler	Dosage	Time to be administered Or PRN	Duration
			Entire time at AHS
			Entire time at AHS
			Entire time at AHS

Inhaler(s) for asthma - May student self-administer and keep the inhaler(s) under their control in such place as their backpack, purse or pockets? _____ YES _____ NO

Date

Physician Signature