S.40(a1)
June 2016
Policy 206

York Catholic District School Board

SECONDARY SCHOOL
ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ASTHMA

STUDENT'S NAME: _____ **STUDENT'S DOB:** _____

SCHOOL NAME: _____ **ROUTE/BUS#** (IF APPLICABLE) _____

Address _____

_____

Phone # _____

Physician's or Licensed Health Care Provider's Name _____

Phone #

I give permission for the Principal to contact the physician or licensed health care provider relating to my child's medical condition, if necessary, for the purpose of the development of the individual action plan [S40(a) or S40(a1)].

Yes ☐ **No** ☐

PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)

MEDICATION KEPT:

With Student at all times* ☐

If not with student at all times, specify location:

In Office ☐

Other (i.e., with person in a position of authority): _____

The inhaler or other prescribed medication will be returned to the student at the end of each school year.

THIS STUDENT HAS ASTHMA & MAY REACT TO THE FOLLOWING TRIGGERS (PLEASE INDICATE):

- ❒ DUST MITES
- ❒ ANIMALS
- ❒ MOULDS
- ❒ POLLENS
- ❒ VIRAL INFECTIONS
- ❒ AIR POLLUTANTS
- ❒ SMOKE
- ❒ EXERCISE
- ❒ COLD AIR
- ❒ CHEMICAL FUMES/STRONG SMELLING SUBSTANCES
- ❒ SPECIFIC FOOD ADDITIVES (PLEASE LIST)

_____

- ❒ INTENSE EMOTIONS
- ❒ OTHER:_____

☐ I have provided an inhaler for my child to carry on their person at all times

☐ I have provided a MedicAlert® Bracelet or other appropriate medical identification to my son/daughter to wear at all times.

☐ *I have **not** provided an inhaler for my child to carry at all times on their person and take full responsibility for this decision.

☐ I have provided an inhaler to the office.

We recommend that you provide your child with an inhaler, to be carried on their person at all times, to use in the event of an emergency. Having the inhaler on their person, and immediately available to your child, will enable us to treat him or her as rapidly as possible.

Parent/Guardian Signature: _____ Date: _____

Physician/Licensed Health Care Provider Signature: _____ Date _____

NAME OF MEDICATION(S) and DOSAGE:

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE *EDUCATION ACT* AND THE *MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 3G8 OR (905) 713-2711.

c.c. Student Transportation Services
Office File

Cont'd. on reverse

ACTION – INDIVIDUAL EMERGENCY PLAN:

- ☐ Remove student from the trigger if possible in order to reduce the severity of the symptom(s)
- ☐ Use inhaler immediately or administer prescribed medication as indicated on this form and try to keep student calm
- ☐ Have student remain in an upright position (**DO NOT** have student lie down)
- ☐ Encourage student to breathe slowly and deeply (**DO NOT** have student breathe into a bag)
- ☐ If student totally recovers, participation in activities may resume

IF SYMPTOMS PERSIST:

- ☐ Wait 5-10 minutes to see if breathing difficulty is relieved and student's breathing returns to normal
- ☐ If not, repeat the administration of the reliever medication (inhaler)
- ☐ If the student's breathing difficulty is relieved and student's breathing returns to normal, the student can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require the administration of additional reliever medication

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

- ☐ Has used the reliever medication and it has not helped within 5-10 minutes
- ☐ Has difficulty speaking or is struggling for breath
- ☐ Appears pale, grey or is sweating
- ☐ Has greyish/blue lips or nail beds

OR

- ☐ There is doubt or concern about the student's condition

ACTION:

- ☐ **CALL 911** and advise the dispatcher that a student is having an asthma exacerbation (describe the observable symptoms), wait for ambulance, **DO NOT** drive student
- ☐ Continue to administer the reliever medication every two to three (2-3) minutes until medical assistance arrives
- ☐ Call Parent or Guardian and/or Caregivers as soon as possible
- ☐ The student must be taken to a hospital immediately, even if symptoms subside entirely.

POSSIBLE ASTHMA SYMPTOMS:		**LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD**:
Shortness of breath		
Tightness in chest		
Coughing		
Wheezing		

PARENT INPUT ON EMERGENCY PLAN:

STRATEGIES (LIST AVOIDANCE/SAFETY RULES FOR YOUR CHILD, IF ANY):