ONLY FOR STUDENTS WITH ASTHMA!

LAKE COUNTRY 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 health room personnel.
2. Have the child sit upright with shoulders relaxed.
3. Have student administer any inhaler/medication ordered by physician below.

Parental Consent:
- I hereby give my permission for the 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 to contact the student's physician if needed.
- I further agree to hold the Lake Country 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 year at LCS
			Entire year at LCS
			Entire year at LCS

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**