



**TO BE COMPLETED BY PARENT OR GUARDIAN**

**EMERGENCY CONTACTS**

**Mother/Guardian**

**Father/Guardian**

Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Other:	Other:

**ADDITIONAL EMERGENCY CONTACTS**

1.	Relationship:	Phone:
2.	Relationship:	Phone:

My student may carry and is trained to self-administer his/her own Epi auto-injector:  Yes  No Provide extra for office?  Yes  No

My student may carry and use his/her asthma inhaler:  Yes  No Provide extra for office?  Yes  No

- Parent:**
- I understand that the school board or the school district's employees cannot be held responsible for negative outcomes resulting from self-administration of the inhaled asthma medication.
  - This permission to possess and self-administer asthma medication may be revoked by the principal/school nurse if it is determined that the student is not safely and effectively self-administering the medication.
  - A new LHP order/Emergency Care Plan (ECP) for asthma and parent/student agreement for an inhaler/EpiPen must be submitted each school year.
  - I understand that if any changes are needed on the ECP, it is the parent's responsibility to contact the school nurse.

**I have reviewed the information on this School Asthma Plan and Medication Orders and request/authorize trained school employees to provide this care and administer the medications in accordance with the Licensed Healthcare Provider's (LHP's) instructions. I authorize the exchange of medical information about my child's asthma between the LHP office and school nurse.**

**Parent/Guardian Signature** **Date**

- Student:**
- I have demonstrated the correct use of the inhaler to the medical provider and/or school nurse.
  - I agree never to share my inhaler with another person or use it in an unsafe manner.
  - I agree that if there is no improvement after self-administering, I will report to an adult at school if the nurse is not available or present.

**Student Signature** **Date**

**All school-aged students who use asthma medication(s) at school must have a current School Asthma Plan completed and signed by their health care professional and kept on file in the school office (RCW 28A.210.320.370). The form must also be signed by a parent/guardian. The plan must be updated each year and when there are major changes to the plan (such as in medication type or dose). The provider's office is encouraged to fax the plan to the student's school nurse.**

**The school plan is intended to strengthen the partnership of families, healthcare providers and the school. It is based on the NHLBI Guidelines for Asthma Management.**

**CARRYING AND ADMINISTERING AND QUICK RELIEF INHALERS:**

► Most students are capable of carrying and using their quick relief inhaler by themselves. The student, student's parents, school nurse and health care provider should make this decision. The school nurse should also evaluate technique for effective use.

<b>For District Nurse's Use Only</b>	
Student has demonstrated to the nurse, the skill necessary to use the medication and any device necessary to self-administer the medication	
Device(s) if any, used:	Expiration date(s):
<b>School Nurse Signature</b>	<b>Date</b>