Asthma School Form
Woodside School District
3195 Woodside Rd.
Woodside CA 94062
650-851-1571

School Year _____

SCHOOL _____

SCHOOL FAX _____

Name: _____ **DOB:** _____ **Grade:** _____ _____

MEDICATIONS TO BE GIVEN AT SCHOOL

QUICK RELIEF: (If peak flow available, use if < _____)

- ☐ Albuterol: ☐ two puffs ☐ four puffs every four hours as needed for cough, wheezing or shortness of breath. Repeat if not improved in 20 minutes.
- ☐ Levalbuterol (Xopenex): two puffs every six hours as needed for cough, wheezing or shortness of breath. Repeat if not improved in 20 minutes.
- ☐ Other Medication: _____

- ☐ Use five to 10 minutes before exercise
- ☐ School to keep medication in health office
- ☐ Student to **carry medication and self-administer**. The health care provider has confirmed that the student is capable of appropriate self-administration of the above medication. If student is younger than 18, the parent/guardian assumes all liability related to this patient's use, timing and technique in self-administering this medication.

ASTHMA FACTS

* If a student needs a quick relief medication more than twice a week for two weeks in a row, he/she should see a health care provider.
* Wheezing gets worse with colds, exercise, allergies and pollution.
* Most inhalers should be taken with a spacer. Ask physician if you think you do not need a spacer.
* People who wheeze should have a flu shot every year

Clinic/Physician Stamp

My signature below provides authorization for the above orders. All procedures will be implemented in accordance with state laws and regulations. Specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is valid for the current school year.

Signature: _____ **Date:** _____
Physician or Authorized Health Care Provider

Parental Consent for Asthma Management In School

As the parent(s) or guardian(s) of the above named student, I (we) request that trained school staff assist with the above medication as directed above and in accordance with all state laws and regulations. The school nurse may communicate with the above health care provider about this student when necessary. Ed. Code section 49423 and 49480.

Parents/Guardians must:

- Provide the necessary equipment (inhalers, spacers, etc.)
- Notify the school nurse of any changes in student health or medication plan
- Notify the school nurse immediately of any change in health care provider authorization

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____
Please Print

Parent/Guardian Name _____ **Signature:** _____ **Date:** _____
Please Print