St. Victor School
CONSENT FOR ASTHMA INHALER MEDICATION
Please Complete All Sections

STUDENT:______________________________ **BIRTHDATE:** ___________________________________

GRADE:_______________ **YEAR :**__________________________

PHYSICIAN/HEALTH CARE PROVIDER PLEASE COMPLETE PRESCRIPTION ON BACK

FOR COMPLETION BY PARENT

I give St. Victor School permission to administer asthma inhaler.

❑ Yes ❑ No

The school office has been provided with an inhaler, that will be kept/sent home (circle correct one) daily.

❑ Yes ❑ No

I authorize trained staff to assist my child in taking this medicine at school if the need arises and communicate with the physician/health care provider if necessary. I authorize the release of this information to appropriate school personnel and classroom teachers.

PARENT/GUARDIAN SIGNATURE: _________________________________ **Date**: _______________

Home Phone: _____________________________ Work Phone: ____________________________________

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STUDENT: ________________________ **BIRTHDATE:**___________________________________

Asthma Severity: Mild ⬭ Moderate ⬭ Severe ⬭
My child has been hospitalized for asthma before: Yes ⬭ No ⬭

PREVENTATIVE

List any triggers and control measures, pre-medication and/or dietary restrictions that the student needs to prevent an asthma episode:____

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Exercise Medication:_________________________ **Directions:**_______________________________
Spacer: **Yes** ⬭ **No** ⬭
Daily control medication taken at home:____

RESPONDING TO AN ASTHMA EPISODE

Early signs of an asthma episode: cough, wheeze, shortness of breath or tight chest.___________________
Your child is responsible for telling an adult if he/she needs to use an inhaler.

Rescue Medication:__________________________**Directions:**_________________________________

- Stop current activity and allow to rest. Help student relax.
- Use quick-relief inhaled medication as directed.
- Observe student to ensure symptoms improve.
- Contact parent if symptoms get worse or do not improve within 15 - 20 minutes after treatment.
- Notify parent or emergency contacts of episode by phone or note.
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RESPONDING TO AN ASTHMA EMERGENCY

Late signs of an asthma episode: Initial treatment does not help, breathing hard and fast, ribs sticking out trouble walking or talking.____

Rescue Medication
IN addition to yellow area:______________________**Directions:**_______________________________

CALL PARENTS
TRANSPORT TO PHYSICIAN IF NO IMPROVEMENT 9-911

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Is the child knowledgeable about his or her asthma medication?	☐ Yes	☐ No
Has the child demonstrated the proper technique in administering medication?	☐ Yes	☐ No
It is my professional opinion that this student may carry and use this inhaler medication independently.	☐ Yes	☐ No

PHYSICIAN/PROVIDER SIGNATURE:__________________________**Date:**____________________
PHYSICIAN/PROVIDER PRINTED NAME: ________________________**Phone:**__________________