

ASTHMA

**INFORMATION REGARDING STUDENT SELF-ADMINISTRATION OF  
MEDICATION AT SCHOOL OR SCHOOL RELATED ACTIVITIES FOR STUDENTS  
DIAGNOSED WITH ASTHMA OR A LIFE THREATENING ALLERGY**

**Memorandum to Parents/Legal Guardians**

In the interest of enabling your child to make the most effective use of his/her medication, we provide the following information regarding student self-administration of medication at school. Students who are permitted to self-administer medication must meet the following requirements:

1. The District's Authorization for Student Self-Administration of Medication Form must be completed annually and on file at the School District.
  2. The student is permitted to carry his/her medication and to self-administer the medication while in school or at a school-sponsored activity when necessary.
  3. Before the student is allowed to self-administer medication at school, the parent must provide the school with an extra supply of the student's medication for use in the event that the student forgets to bring his/her medication to school on a particular day.
  4. The student must agree, in writing, to the following conditions before he/she is allowed to self-administer medication at school:
    - Student will demonstrate proper use of an asthma inhaler/epinephrine auto injector to the school nurse or other school employee designated to administer medication prior to possessing and self-administering medication at school or a school related activity.
    - Student will take care to keep his/her medication in his/her possession and under his/her control at all times.
    - Student will never share his/her medication with another person.
    - If the student is found abusing his/her medication or using it improperly, the student's parent/guardian will be contacted and the student may lose the ability to self-administer his/her medication.
    - After self-administering his/her epinephrine medication, the student will contact the nurse or other designated school employee so they may contact 911 and monitor the student's condition.
- or
- After self-administration of his/her asthma medication, if the student does not experience marked improvement in his/her condition within five minutes of self-administration, the student will see the nurse or other school employee designated to administer medication for further assessment of his/her condition.

## SCHOOL MEDICATION AUTHORIZATION FORM

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
EMERGENCY CONTACT NAME AND PHONE NUMBER \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, hereby authorize Ridgewood High School District 234, and its employees and agents, on my behalf and in my stead, to administer to my child or to allow my child to self-administer while under the supervision of the employees and agents of the school district, lawfully prescribed medication in the manner described below. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than the school nurse and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against the School District, its employees and agents, arising out of the administration or self-administration of said medication, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice nurse. In addition, I agree to indemnify and hold harmless the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration or self-administration of said medication, except a claim based on willful or wanton conduct, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice registered nurse.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE STUDENT'S LICENSED PRESCRIBER (except for a student self-administering asthma medication)

Diagnosis: \_\_\_\_\_ Name of Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Route of Administration: \_\_\_\_\_  
Time/Circumstances when Medication Should be Administered: \_\_\_\_\_  
Side Effects: \_\_\_\_\_  
Date of Prescription: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

**\*For students with diabetes, the licensed prescriber should approve and sign the student's diabetes care plan**

Self-administration of epinephrine:  Yes  No. I have determined that it is medically necessary for this child to carry an epinephrine auto-injector. The student has been instructed in the self-administration of the above mentioned medication and is capable of doing this independently. The student understands the necessity to notify a staff member and the health office immediately following the self-administration of the epinephrine auto-injector.

\_\_\_\_\_  
Licensed Prescriber Name (Print)

\_\_\_\_\_  
Signature of Licensed Prescriber

\_\_\_\_\_  
Date

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN FOR STUDENT SELF-ADMINISTERING ASTHMA MEDICATION

Self-administration of asthma medication:  Yes  No. I give permission for my child, \_\_\_\_\_, to carry the following medication and to self-administer his/her medication as prescribed by his/her physician. My child's physician has instructed my child in the self-administration of his/her medication and has indicated that my child is capable of doing this independently. My child understands the need for the medication and the necessity of reporting to school personnel any unusual side effects.

Diagnosis: \_\_\_\_\_ Name of Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Route of Administration: \_\_\_\_\_  
Time/Circumstances when Medication Should be Administered: \_\_\_\_\_  
Side Effects: \_\_\_\_\_  
Date of Prescription: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Dear Parent/Guardian,

Below is an explanation of the District's regulations and policies concerning the administration of medication to students during the school day or during school related activities. We firmly believe that medication should be administered at home. The administration of medication to students during regular school hours and during school related activities is strongly discouraged unless absolutely necessary for the critical well being and health of the student. Please check with your child's physician to determine if there is a way to avoid your child taking medication at school. Only medication prescribed by a licensed prescriber which is absolutely necessary to maintain the child in school will be administered. The following regulations must be complied with prior to a student receiving medication at school:

1. The student's Parent/Guardian must notify the school nurse, school health assistant or school secretary that their child must take medication while at school.
2. Prior to administering any medication at school, the parent/guardian must fill out and file at the school the required School Medication Authorization Form. (Any change in the prescription must be reported immediately and a new, revised School Medication Authorization Form submitted. The Authorization for Administration of Medication Form is only effective for the current school year and will need to be renewed each subsequent school year.
3. Medication must be brought to school by the parent/guardian in the pharmacy prescription bottle labeled with the child's name, the name of the medication, the dosage, the administration instructions and the name of the physician who prescribed the medication. Medications must be left in the school health office and not transported back and forth between home and school. At the end of the school year or at the end of the prescription, all remaining medication not administered at school must be picked up by the student's Parent/Guardian.
4. Medication will be kept in the school health office. Students are responsible for coming to the office at the time he/she is to take his/her prescribed medication. Students are not permitted to keep medication on their person or in their lockers unless authorized to possess and self-administer medication due to risk of anaphylaxis or an asthmatic condition.
5. Any medication prescribed to be taken three times a day will be given at home unless specifically ordered by the physician to be taken during school hours.
6. Non-prescription medications (i.e. Aspirin, Tylenol, Advil, cough medicine, cough drops, cold remedies, vitamins) will not be given at school unless prescribed by a physician. The same regulations and policies for administration of medication apply to non-prescription medications. Such medication must be in its original container and labeled with the child's name, dosage and administration instructions.
7. The parent/guardian of students who are authorized to possess and self-administer their asthma medication or epinephrine medication must fill out the Authorization for Student Self-Administration of Medication Form and the Student Agreement to Comply with the Rules for Self-Administration of Medication Form. Students carrying inhalers or epinephrine auto-injectors at school will be considered in violation of the medication policy without this paperwork on file.

Thank you for your cooperation with these necessary regulations. If you have any questions, please contact your school nurse or health assistant.

**RIDGEWOOD HIGH SCHOOL DISTRICT 234**

**STUDENT AGREEMENT TO COMPLY WITH THE RULES FOR  
SELF-ADMINISTRATION OF ASTHMA MEDICATION  
AT SCHOOL AND AT SCHOOL RELATED ACTIVITIES**

I, \_\_\_\_\_, state that I have been diagnosed with asthma and have been prescribed asthma medication by a qualified health care professional. I hereby agree to comply with the following rules for self-administration of asthma medication:

1. I will demonstrate proper use of a prescribed inhaler to the school nurse or other school employee designated to administer medication prior to possessing and self-administering my asthma medication at school.
2. I will take care to keep my asthma medication in my possession and under my control at all times.
3. I will never share my medication with another individual.
4. If I do not experience marked improvement in my condition within five minutes of self-administering my asthma medication, I will immediately see the nurse or other school employee designated to administer medication for further assessment of my condition.

I understand that if I am discovered to be abusing my asthma medication by overdosing, sharing it with others or using it improperly, my parent/guardian will be notified and I may lose the ability to self-administer my asthma medication at school.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# Asthma Action Plan

For: \_\_\_\_\_ Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Doctor's Phone Number \_\_\_\_\_ Hospital/Emergency Department Phone Number \_\_\_\_\_

GREEN ZONE

## Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

**And, if a peak flow meter is used,**

**Peak flow:** more than \_\_\_\_\_  
 (80 percent or more of my best peak flow)

My best peak flow is: \_\_\_\_\_

**Take these long-term control medicines each day (include an anti-inflammatory).**

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____

Before exercise  \_\_\_\_\_  2 or  4 puffs \_\_\_\_\_ 5 minutes before exercise

YELLOW ZONE

## Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

**-Or-**

**Peak flow:** \_\_\_\_\_ to \_\_\_\_\_  
 (50 to 79 percent of my best peak flow)



**Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.**

\_\_\_\_\_  2 or  4 puffs, every 20 minutes for up to 1 hour  
 (short-acting beta<sub>2</sub>-agonist)  Nebulizer, once



**If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:**

Continue monitoring to be sure you stay in the green zone.

**-Or-**

**If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:**

Take: \_\_\_\_\_  2 or  4 puffs or  Nebulizer  
 (short-acting beta<sub>2</sub>-agonist)

Add: \_\_\_\_\_ mg per day For \_\_\_\_\_ (3–10) days  
 (oral steroid)

Call the doctor  before/  within \_\_\_\_\_ hours after taking the oral steroid.

RED ZONE

## Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

**-Or-**

**Peak flow:** less than \_\_\_\_\_  
 (50 percent of my best peak flow)

**Take this medicine:**

\_\_\_\_\_  4 or  6 puffs or  Nebulizer  
 (short-acting beta<sub>2</sub>-agonist)

\_\_\_\_\_ mg  
 (oral steroid)

**Then call your doctor NOW.** Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

**DANGER SIGNS** ■ **Trouble walking and talking due to shortness of breath** ■ **Take  4 or  6 puffs of your quick-relief medicine AND**  
 ■ **Lips or fingernails are blue** ■ **Go to the hospital or call for an ambulance \_\_\_\_\_ NOW!**  
 (phone)

See the reverse side for things you can do to avoid your asthma triggers.

# How To Control Things That Make Your Asthma Worse

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

## Allergens

### Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.

If you can't keep the pet outdoors, then:

- Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
- Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

### Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites. Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

### Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

### Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

### Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

## Irritants

### Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

### Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

## Other things that bring on asthma symptoms in some people include:

### Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

### Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).

