Students with Asthma

Attached you will find 2 forms that will need to be filled out and signed.

1. Asthma action plan take with you to the student’s physical appointment and the Dr. can fill it out and sign it for you.
2. Release and indemnification agreement must be signed and turned in before the first day of school.

For more information see Asthma Self-administration in the Student Handbook located on the Scotus web site, scotuscc.org, under publications, student handbook.

If you have ANY questions please give me a call or email me.

Sincerely

Kris Andresen

402-564-7165 Ext 102

kandresen@scotuscc.org
Student Name: ____________________________ Date Of Birth: _______ / _______ / _______

☐ **Exercise Pre-Treatment:** Administer inhaler (2 inhalations) 15-30 minutes prior to exercise. (e.g., PE, recess, etc).

- Albuterol HFA inhaler (Proventil, Ventolin, ProAir)
- Albuterol DPI (ProAir RespiClick)
- Levalbuterol (Xopenex HFA)

☐ Use inhaler with valved holding chamber
☐ Other: ________________________________

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**Asthma Treatment**

Give quick relief medication when student has asthma symptoms, such as coughing, wheezing or tight chest.

- Albuterol HFA (Proventil, Ventolin, ProAir) 2 inhalations
- Albuterol DPI (ProAir RespiClick) 2 inhalations
- Levalbuterol (Xopenex HFA) 2 inhalations
- Use inhaler with valved holding chamber
- Albuterol inhaled by nebulizer (Proventil, Ventolin, AccuNeb)
  - .63 mg/3 mL
  - 1.25 mg/3 mL
  - 2.5 mg/3 mL
- Levalbuterol inhaled by nebulizer (Xopenex)
  - .31 mg/3 mL
  - .63 mg/3 mL
  - 1.25 mg/3 mL
- May carry & self-administer inhaler (MDI)
- Other: ________________________________

**Anaphylaxis Treatment**

Give epinephrine when student has allergy symptoms, such as hives, hard to breathe (chest or neck “sucking in”), lips or fingernails turning blue, or trouble talking (shortness of breath).

- EpiPen® 0.3 mg
- EpiPen® Jr 0.15 mg
- AUVI-Q® 0.3 mg
- AUVI-Q® Jr. 0.15 mg

☐ May carry & self-administer epi auto-injector
☐ Use epinephrine auto-injector immediately upon exposure to known allergen
☐ If symptoms do not improve or they return, epinephrine can be repeated after 5 minutes or more

Lay person flat on back and raise legs. If vomiting or difficulty breathing, let them lie on their side.

**CALL 911 After Giving Epinephrine & Closely Watch the Student**

- Notify parent/guardian immediately
- **Even if student gets better, the student should be watched for more signs/symptoms of anaphylaxis in an emergency facility**
- If student does not get better or continues to get worse, use the Nebraska Schools’ Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis) Protocol

☐ This Student has the ability to self-manage Student’s Health Condition and I authorize Student to self-manage in accordance with this Plan. If medications are self-administered, the school staff must be notified immediately.

**Additional information:** (i.e. asthma triggers, allergens) ________________________________

Health Care Provider name: ____________________________ Phone: ____________________________

Health Care Provider signature: ____________________________ Date: ______________

Parent signature: ____________________________ Date: ______________

Reviewed by school nurse/nurse designee: ____________________________ Date: ______________
Student Name:  

Age:  

Grade:  

School:  

Homeroom Teacher:  

Parent/Guardian:  

Phone (   )  

Parent/Guardian:  

Phone (   )  

Emergency Contact:  

Phone (   )  

**Known Asthma Triggers:** Please check the boxes to identify what can cause an asthma episode for your student.

- Exercise  
- Respiratory/viral infections  
- Odors/fumes/smoke  
- Mold/mildew  
- Pollens  
- Animals/dander  
- Dust/dust mites  
- Grasses/trees  
- Temperature/weather—humidity, cold air, etc.  
- Pesticides  
- Food—please list below  
- Other—please list:  

**Known Allergy/Intolerance:** Please check those which apply and describe what happens when your child eats or comes into contact with the allergen.

- Peanuts  
- Tree Nuts  
- Fish/shellfish  
- Eggs  
- Soy  
- Wheat  
- Milk  
- Medication  
- Latex  
- Insect stings  
- Other  

**Notice:** If your child has been prescribed epinephrine (such as an EpiPen®) for an allergy, you must provide epinephrine at school. If your student needs a special diet to limit or avoid foods, your doctor will need to complete the form “Medical Statement Form to Request Special Meals and/or Accommodations” which can be found on the website—www.airenebraska.org.

**Medicines:** Please list medicines used at home and/or to be given at school.

<table>
<thead>
<tr>
<th>Medicine Name</th>
<th>Amount/Dose</th>
<th>When does it need to be given</th>
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</tbody>
</table>

I understand that all medicines to be given at school must be provided by the parent/guardian.

Parent signature:  

Date:  

Reviewed by school nurse/nurse designee:  

Date:  

Version: 06/17
RELEASE AND INDEMNIFICATION AGREEMENT
(Self-Administration of Prescription Asthma or Anaphylaxis Medication)

I, ___________________________ hereby acknowledge that Scotus Central Catholic, including its employees and agents (“School”) is not liable for any injury or death arising out of the self-management by _________________ of his/her asthma or anaphylaxis condition and I hereby indemnify and hold School from any claim arising from the student’s self-Management. In the event that _________________ injures school Personnel or another student as a result of misuse of the prescription asthma or anaphylaxis medication or related medical supplies, the undersigned shall be responsible for any and all costs associated with the injury.

______________________________  ________________________________
Date                               Parent or Guardian