

ASTHMA HISTORY

How severe is your child's asthma? Mild Moderate Severe

Are your child's asthma symptoms: Intermittent (not daily) Persistent (daily)

How often does your child have asthma symptoms? _____

Has your child been hospitalized in the last year because of asthma? No Yes: _____

What doctor or clinic manages your child for asthma? _____

What causes your child's asthma symptoms?

Smoke Dust Acid reflux Exercise Mold Stress Illness

Environmental (type): _____

Animals (type): _____

Other (describe): _____

What symptoms does your student generally have with asthma attacks?

Shortness of breath Wheezing Severe coughing Tightness in the chest

MEDICATIONS

Does your child take a medication every day to control asthma? No daily medication Yes (please list)

Daily Pill: _____

Daily Maintenance Inhaler (not rescue): _____

If your child needs to use their inhaler prior to exercise, how many puffs are prescribed and how much time before exercise/sports/recess/PE does it need to be given?

What rescue medication is used if asthma symptoms happen? _____

Does your child use a spacer device? No Yes

Will your child carry their inhaler? No Yes

Will your child require a nebulizer at school? No Yes

FOR RN USE ONLY	
<input type="checkbox"/> Asthma Action Plan received from provider	Initials/date
<input type="checkbox"/> Asthma Action Plan needed	
<input type="checkbox"/> Individual Health Protocol Needed	
<input type="checkbox"/> Student Self-Manages asthma	

Is there anything else that is important to know about your child's asthma?



Student Name: _____ DOB: _____

Signing this document authorizes the transfer this content to a written asthma action plan and communication with the doctor who manages your child's asthma as needed.

Parent Signature: _____ Date: _____

This information is good for only one year from the date of the parent's signature.

Requirements for Asthma Medication at School

Oregon Revised Statutes and Oregon Administrative Rules (**ORS 339.866-339.874 and OAR 581-021-0037**) regarding medication administration at school allow for medications to be given when they are necessary during school hours to keep students in school when they would otherwise miss class time.

These medication laws describe how school staff may administer asthma medication, which is only, exactly as the doctor has prescribed as per the prescription label. If your child needs to take their inhaler more often or differently than is written on the prescription label, then a doctor's note must be provided on clinic letterhead with the doctor's signature listing:

- Your student's name
- Name of the medication
- Dose of the medication
- When to take the medication
- How often to take the medication

This means that if your student needs to use their inhaler before recess or PE and this is not on the prescription label, a doctor must write a note with specific instructions for recess and/or PE.

This also means that if your child needs to use their inhaler more often when sick, a doctor must write a note with specific instructions regarding use with illness.

If you would prefer the nurse to get orders from the doctor directly, an *Authorization to Use and/or Disclose Educational and Protected Health Information* must be signed by the parent and an *Asthma Order Form* can be faxed to the provider, or you may take the order form to the doctor directly.

Additionally, these laws also state that students with asthma must have a written plan in place. All students who do not self-carry their own inhaler will have an Asthma Action Plan in place.

In addition, the law states that a parent must provide permission in writing with all of this same information. In order to do this an *Authorization for Medication Administration* must be completed in its entirety before medication can be administered. For students who will be carrying their own inhaler the *Self-Medication Agreement* on the back of the authorization must be completed as well.

Parents are required to provide their student's:

- Inhaler
- Spacer (if applicable)
- Nebulizer and nebulizer medication (if applicable)
- Peak Flow Meter (if applicable)

Thank you for taking time to complete this valuable information to help us keep your child safe. Thank you for taking time to read the legal requirements in the state of Oregon.

For questions, please call Molalla River School District School Health Services at (503) 759-7394. All doctor's notes or orders may be faxed to (503) 759-7466.