













## INDIVIDUAL STUDENT ASTHMA MANAGEMENT PLAN And AUTHORIZATION for the ADMINISTRATION OF PRESCRIBED MEDICATION

STUDENT INFURMA	HON		
School:			
Student Name:			Place Student Photo
Date of Birth:		Age	Here
Grade:	Teacher:		
Address:			
Home Phone Numbe	er:		
EMERGENCY CONTA	ACTS (list contact in order of p	riority):	
Name	Relationship	Daytime Phone	Alternate Phone
KNOWN ASTHMA TR	RIGGERS		
? Mould	<ul><li>? Physical Activity/Exercise</li><li>? Pollen</li><li>? Grass and Trees</li></ul>	<ul><li>? Pet Dander</li><li>? Cigarette Smoke</li><li>? Allergies (specify</li></ul>	Strong Smells
? Anaphylaxis (spec	cific allergy):		
? Other (specify):			
Asthma Trigger Avoid	dance Instructions:		

## RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

wheezing)	lent is experiencing asthma		
? Other (exp	olain):		
Use reliever inhaler _		in the dose o	f
	(Name of Medication)	(N	o. of puffs)
RELIEVER INHALER	USE AT SCHOOL AND DUR	ING SCHOOL-RELATE	ACTIVITIES (Continued)
Spacer (aerochambe Eg:	r valved holding chamber)	provided?	es ?No
Place a check mark b	peside the type of reliever in	nhaler that the student	uses:
	? Airomir	_	? Bricanyl
INHALER ACCESSIBIL	TY		
	ily accessible by teacher/s	supervisor.	
Reliever inhaler is ke	pt:		
? With teach	er/supervisor – location:		
<pre>? In locker #</pre>	:Locker comb	oination: <u>N/A</u>	
? Other loca	tion (specify):		
	ill carry his/her reliever inhoff-site activities, and field tr		ing during recess, gym,
Reliever inhaler is ke ? Pocket ? Backpack/ ? Case/pout ? Other (spe	fanny pack		

## **SPARE INHALER**

Student's **spare** reliever inhaler is kept:

? In locker #:	Locker combina

