

GILL ELEMENTARY SCHOOL

48 Boyle Rd.
Gill, MA 01354
Phone: (413) 863-3255
School Year _____

Student Name: _____ Teacher/Team: _____

1. Triggers that might start an asthma episode for this student

- Exercise
- Animal dander
- Cigarette smoke, strong odors
- Respiratory infections
- Pollens
- Temperature changes
- Foods _____
- Emotions (e.g. when upset)
- Molds
- Irritants (e.g. chalk dust)
- Other _____

2. Control of the school environment

____ Environmental measures to control triggers at school _____
____ Pre-medications (prior to exercise, choir, band, etc.) _____
____ Dietary restrictions _____

3. Peak flow monitoring

____ Monitor peak flow:
 Personal best peak flow _____ Monitoring times _____
____ Do Not monitor peak flow

4. Routine asthma and allergy medication schedule

Medication Name	Dose/Frequency	When to Administer	
		At Home	At School

5. Field trips - Asthma medications and supplies must accompany student on all field trips. A staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan and contact phone numbers.

Parent to contact _____

Phone numbers _____

Other person to contact in emergency _____

Phone numbers _____

Parent/Legal Guardian Signature: _____ Date _____

Reviewed by the School Nurse: _____ Date _____



Student Name: _____ **Teacher/Team:** _____

****Immediate action is required when the student exhibits any of the following signs of respiratory distress. Always treat symptoms even if a peak flow meter is not available.**

- | | | | |
|-----------------|--------------------------|--------------------------------|------------------------------------|
| Severe cough | Shortness of Breath | Sucking in of the chest wall | Difficulty walking from breathing |
| Chest tightness | Turning blue | Shallow, rapid breathing | Difficulty talking from breathing |
| Wheezing | Rapid, labored breathing | Blueness of fingernails & lips | Decreased or loss of consciousness |

Steps to Take During an Asthma Episode

1. Give emergency asthma medications as indicated below.

Quick Relief Medications	Dose/Frequency	When to Administer

2. Contact parents if _____

3. Call 911 to activate EMS if the student has ANY of the following symptoms:

- Lips or fingernails are blue or gray
- Student is too short of breath to walk, talk, or eat normally
- No relief from medication within 15-20 minutes with any of the following signs
 - Chest and neck pulling in with breathing
 - Child is hunching over
 - Child is struggling to breathe

Physician signature _____ **Date** _____

Parent Consent for Management of Asthma at School

I, the parent or guardian of the above named student, request that this School Asthma Action Plan be used to guide asthma care for my child. I agree to:

1. Provide necessary supplies and equipment.
2. Notify the school nurse of any changes in the student's health status.
3. Notify the school nurse and complete new consent for changes in orders from the student's health care provider.
4. Authorize the school nurse to communicate with the primary care provider/specialist about asthma/allergy as needed.
5. School staff interacting directly with my child may be informed about his/her special needs while at school.

Parent/Legal Guardian signature _____ Date _____

Reviewed by School Nurse _____ Date _____