Individualized Health Care Plan to Carry or Self-administer Asthma Medication by a Student

To be completed by the student:

I, _____ have asthma. I may take the medication _____.
The following symptoms indicate that I need to take the medication: _____
_____

- When I take my medication I will take _____ puffs.
- I will take it only _____ hours apart or at the times of _____.
- If there is not an improvement, I will see the school nurse, school representative, or adult who is caring for me immediately.
- I will inform the adult caring for me when I take the medication. I will inform the school nurse or school representative _____ (when) the medication and document the taking of the medication. If I am at a school event or activity after school, I will inform the school nurse or school representative early the next day to document the use of the medication.
- I will never share my inhaler with anyone else.
- I will store my medication _____ while in school. While at a school-related event or activity, I will store it _____. I know a spare_____ _____ is at School. I know there is a spare _____ when away from school.
- I will meet with the school nurse or the school representative every _____ to check on the use of my medication.
- I understand that my teachers, school nurse or school representative, and others will be monitoring my use of the medication. If there is cause the privilege will be limited or revoked.

Student Signature _____ Date: _____

To be completed by school nurse or school representative

The school nurse is _____. If there is not a school nurse then the person designated by the principal to administer medication is _____.

_____ The student has demonstrated the proper use of the inhaler.
_____ The student is capable of using the inhaler as stated.
_____ All appropriate adults will receive an in-service.

Parent _____
School Nurse/Representative _____
Principal _____
Teacher _____

As appropriate: Coach _____
Extended Day Coordinator_____
Student _____ Date _____
Physician _____ **Date** _____

*Reference: Asthma and Allergy Foundation of American, 1233 20th St, NW Suite 402, Washington, DC 20036 * www.aafa.org* 1-800-ASTHMA*