

COMPLETE ONLY IF YOUR CHILD HAS ASTHMA

ASTHMA CARE PLAN

My child _____ has a history of asthma frequently

brought on by _____

_____ My child does not require the use of an inhaler.

_____ My child requires the use of the following inhaler:

#1. _____

#2. _____

#3. _____

Under Massachusetts regulations for the dispensation of prescription medications students may keep an inhaler with them if the following conditions are met:

1. Written permission is on file from a parent/guardian.
2. The student understands proper technique and the circumstances that require him/her to use a inhaler.
3. **THE INHALER IS PROPERLY LABELED WITH THE CHILD'S NAME AND THE PRESCRIPTION LABEL ATTACHED.**

In accordance with these guidelines I give my child permission to use the following inhaler(s) as specified:

Inhaler #1. _____

Inhaler#2. _____

_____ My child will keep these inhalers with him/her.

_____ I will provide an inhaler(s) to be kept in the office.

_____ I do not feel at this time that it is necessary for my child to have an inhaler available at school but should circumstances change I will send in an inhaler with a written note of permission.

The American Asthma Association recommends the use of a peak flow meter before using an inhaler.

_____ My child uses a peak flow meter. The usual reading is _____

_____ My child does not use a peak flow meter.

Signature: _____ Date _____

Parent/Guardian

Date

Nurse/AsthmaCarePlan-