

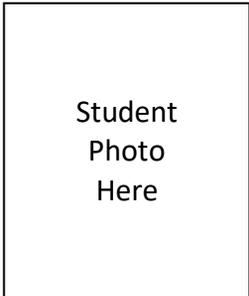


School Year _____

Student's Name _____

Date of Birth _____ Age _____

This MAP is to be completed, signed and dated by a parent/guardian and the treating physician or licensed prescriber. Without signatures this MAP is not valid. The parent/guardian is responsible for supplying all medications and any other needed equipment/supplies to the school.



Contact Information

Call First

Try Second

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Call Third (If a parent /guardian cannot be reached)

Name: _____

Relationship: _____ Phone: _____

Asthma History

Severity Classification Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers: _____

Medication Name: _____

All asthma medication will be kept in the main office at Ivywood Classical Academy.

Dose/Frequency: _____

Should a spacer device be used with inhaler? Yes No

Notify parent immediately for all asthma activity? Yes No

Other instructions _____

Any special considerations or safety precautions:

I agree to have the information in this plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having asthma to better identify needs. I give permission to use my child's picture on this plan (if I did not supply a photo.) I give permission for trained staff to administer any medication ordered for the Asthma Medical Action Plan and to contact the ordering physician/licensed prescriber for clarification of this plan if needed.

Parent/Guardian Signature _____ Date _____

Asthma Action Plan:

Green Zone: Doing Well

Symptoms: breathing is good – no cough or wheeze – can work and play

Actions: control medicines

Yellow Zone: Caution

Symptoms: some problems breathing – cough, wheeze, tight chest – problems working or playing

Actions: quick relief medicines

Red Zone: GET HELP NOW!

Symptoms: lots of problems breathing – cannot work or play – getting worse instead of better – medicine not helping

Actions: quick relief medicines

Call 911 immediately if : trouble walking/talking , lips or fingernails blue, still in the red zone after 15 minutes

Physician/Licensed Prescriber Order & Agreement with Protocol

This section must be completed by the Physician or Licensed Prescriber

Name of Medication: _____

Dose: _____

Frequency: _____

Time to be given: _____

Other instructions: _____

Name of Medication: _____

Dose: _____

Frequency: _____

Time to be given: _____

Other instructions: _____

Physician/Licensed Prescriber's Name _____

Phone number _____ **Fax number** _____

Physician's Signature _____ **Date** _____

Parental Permission

It is my understanding that Ivywood Classical Academy has taken every precaution to safeguard my child. I release and agree to hold the Academy, its Board members, staff working at the Academy, volunteers, and agents harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from the administration of the medication/treatment.

I also agree to defend, indemnify, and hold harmless the Academy, its Board members, staff working at the Academy, volunteers and agents from and against any such claims, demands, suits, damages, liability, costs, and expenses (including reasonable attorney fees) incurred as a consequence either directly or indirectly of the granting of this authorization to administer the medication/treatment.

I request that school staff give my child the above medication as ordered. I give permission for the prescriber to be contacted by school staff about this order if clarification is needed.

Parent/Guardian _____ Date _____
Signature

Phone Number _____ Alternate number _____

Medication should be in the original labeled container. It is the parent/guardian's responsibility to: replace expired medication; provide refills when needed; transport the medication to & from the school office; and pick it up at the end of the school year. The school does not store medicine over the summer.