

MEDICAL AUTHORIZATION FOR ASTHMA MANAGEMENT IN THE ELLENSBURG SCHOOL DISTRICT

FAX NUMBERS:

Lincoln Elementary 509-925-5056	Mt Stuart Elementary 509-925-8406	Valley View Elementary 509-925-8134	Morgan Middle School 509-925-8202	Ellensburg High School 509-925-8305
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Student Name:	Birthdate:	Grade:
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LICENSED HEALTH CARE PROVIDER TO COMPLETE SECTION BELOW:

Asthma Severity Mild Moderate Severe Usual Symptoms:

Student's Asthma Triggers:

Home Controller Medications:

Any severe allergy? No Yes If yes, to what?

QUICK RELIEF MEDICATION ORDERS SPACER Yes No

Albuterol (ProAir®, Ventolin®, Proventil®)

Levalbuterol (Xopenex®)

Medication side effects: restlessness, irritability, nervousness, rarely tremor, increased or irregular heart rate.

YELLOW ZONE: Asthma symptoms (*cough, wheeze, chest tightness, difficulty breathing*)

Give _____ puffs quick-relief inhaler If symptoms persist, repeat after 5 - 10 minutes

If no improvement within 10 minutes after repeated dose, follow Red Zone instructions below but give no more than _____ additional puffs of the inhaler

May administer quick relief inhaler every _____ hours PRN

Until symptoms resolve, restrict strenuous physical activity

RED ZONE: Severe symptoms (*very short of breath, ribs visible during breathing, trouble walking or talking, color poor*)

CALL 911 and School Nurse if available and do not leave student unattended

Give 4 to _____ puffs quick-relief inhaler If symptoms persist repeat after 5 - 10 minutes

Give Epi auto-injector 0.3 mg Give Epi Jr. auto-injector 0.15 mg NO Epinephrine

EXERCISE PRETREATMENT Yes No (If yes, check all that apply)

Give 2 to _____ puffs quick-relief inhaler 15-30 minutes prior to PE recess sports

Consistently **OR** PRN

Pretreatment should not be given more often than every _____ hours

May repeat _____ puffs of quick-relief inhaler **if symptoms occur** during activity

This student may carry this emergency medication at school. Yes No

This student is trained and capable to self-administer this emergency medication. Yes No

Medication order is valid for duration of current school year (which includes summer school).

LICENSED HEALTH CARE PROVIDER SIGNATURE

PRINTED LHCP NAME

LHCP PHONE

LHCP FAX

DATE

Parent Section

I request that the school nurse, or designated staff member, administer the following medication in accordance with healthcare provider instructions.

I give permission for my child to carry this medication.

Yes

No

I give permission for my child to self-administer this medication.

Yes

No

I give permission for the nurse to initiate an Emergency Care Plan/504 Plan.

Yes

No

PARENT/GUARDIAN SIGNATURE

DATE

HOME PHONE

WORK PHONE

CELL PHONE

The Ellensburg School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Cole Kanyer, Title IX Coordinator, 509-925-8315, cole.kanyer@esd401.org, 1203 E. Capitol Avenue, Ellensburg, WA 98926, Kim Snider, Civil Rights Coordinator, 509-925-8007, kim.snider@esd401.org, and Section 504 Coordinator, Patty Kimmel, 509-925-8115, patricia.kimmel@esd401.org, 1300 East Third Avenue, Ellensburg, WA 98926.