



Parents must complete and submit the **ASTHMA ACTION PLAN** in order to authorize Lexington Christian Academy (LCA) personnel. Parents must update the form prior to each year the student is attending LCA. For your reference, LCA's Medical Guidelines can be found on the back of this Asthma Action Plan

STUDENT INFORMATION

FAMILY INFORMATION

Name: _____

Mother/Guardian: _____

DOB: _____ **Grade:** _____

Mother/Guardian Cell#: _____

Allergies: _____

Father/Guardian: _____

Father/Guardian Cell #: _____

Emergency Contact: _____

Emergency Contact Cell Phone #: _____

PARENT SIGNATURE: _____

DATE: _____

MEDICAL INFORMATION TO BE COMPLETED BY PHYSICIAN

TRIGGERS:

- Pollen Dust Mites Smoke
- Exercise Weather Food
- Cold/Flu Animals Air Pollution
- Other: _____

ASTHMA SEVERITY CLASSIFICATION:

- Intermittent Mild Persistent
- Moderate Persistent Severe Persistent

EXERCISE PRE-TREATMENT:

- Not required
- Before recess (select treatment to the right)
- Before P.E/sports (select treatment to the right)

GIVE TO THE STUDENT:

- Medicine:** _____
- How much:** _____
- Where:** _____

IF ASTHMA IS WELL CONTROLLED:

Symptoms: Breathing is easy, no cough or wheeze, and can do usual activities

MEDICATION	ROUTE	DOSAGE	TIMES TO BE GIVEN

IF ASTHMA IS GETTING WORSE:



Symptoms: Some shortness of breath, cough, wheeze or chest tightness, some difficulty doing usual activities, sleep disturbed by symptoms, and/or symptoms of a cold or flu

If symptoms continue for 24 hours or if a child needs extra rescue medicine more than two times per week, call your child's doctor.

Table with 4 columns: MEDICATION, ROUTE, DOSAGE, TIMES TO BE GIVEN

IF ASTHMA HAS WORSENEDED – THIS IS NOW AN EMERGENCY:

Symptoms: Severe breathing problems, chest and neck pulled in with each breath, cannot do usual activities, difficulty walking or talking, and/or rescue medicine is not helping.

Continue asthma medicines and do the following:

___ puffs of Albuterol / Xopenex ___ one vial of Albuterol / Xopenex

To be inhaled every 20 minutes for a total of ___ doses

CALL DOCTOR NOW! If you cannot reach doctor, CALL 911 or go directly to the EMERGENCY ROOM! DO NOT WAIT!

IF CHECKED STUDENT WILL SELF-CARRY INHALER.

This student is capable and has been instructed in the proper method of self-administering medications named above. All students are encouraged to provide an additional inhaler to the school nurse.

Physician's Name: _____ Physician's Phone#: _____

Physician's Signature: _____ Date: _____

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY JUNE 2, 2023. THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.



MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. (Medication prescribed three times per day can be given before school, after school, and at bedtime.) If a new medication is started, the first dose must be given at home, unless it is a rescue medication.

The school will adhere to the following guidelines as it pertains to medication:

1) Administration of prescription medication by school personnel must only be done according to the written order of a licensed prescriber and written authorization of parent / guardian and Licensed School Nurse, regardless of the student's age.

- Mixed dosages in a single container will not be accepted for administration at school.
- If a half tablet is required for a correct dosage, it is the parent's / guardian's responsibility to provide pre-cut tablets for administration at school.
- Altered forms of medication will not be accepted or administered at school.
- Narcotics / medical cannabis will not be administered at school.
- Aspirin-containing products will not be administered at school.
- Only FDA approved treatments will be provided at school. (No essential oils)

2) All medication (prescription and non-prescription) must be brought to and from school by a parent / guardian in its original container. The following information must be on the prescribed container label:

- Student's full name
- Name and dosage of medication
- Time and directions for administration at school
- Licensed prescriber's name
- Date (must be current)

3) New consent forms with licensed health care provider and parent / guardian signatures must be received each school year.

4) A new medication consent form is required when the medication dosage or time of administration is changed.

5) When a long-term daily medication is stopped, a written licensed prescriber's order is requested.

6) Medication will be kept in a locked cabinet in the Nurse's Office unless authorized by the Licensed School Nurse, and must not be carried by the student.