

Parent/Guardian  
Asthma Package



Rotherglen School  
2021-2022



ROTHERGLEN SCHOOL  
WHAT SCHOOL SHOULD BE

August 2021

Dear Parents/Guardians:

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## Asthma Package 2021-2022

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Our records indicate that your child has asthma. Attached, please find our Asthma Package for 2021-2022. This information will be kept in the office and your child's *Asthma Treatment Plan* will be provided to his/her homeroom teacher, specialty teachers, and posted in the staff room prior to the first day of the upcoming school year. **In order to ensure your child begins next year with all of his/her current medical information available, we kindly ask that you read the package carefully and that all forms marked Return to Office are signed and returned to the school by **Thursday, August 26, 2021.****

If you have any questions or concerns, please do not hesitate to contact the school office.

Sincerely,

Mary Williamson  
Head of School



## ASTHMA EMERGENCY TREATMENT PLAN

STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_



### KNOWN ASTHMA TRIGGERS

- colds/viruses  
  exercise  
  weather conditions  
  strong smells  
  animals  
 allergies/other \_\_\_\_\_  
 anaphylaxis (asthma greatly increases severity of breathing difficulties)

*The Individual Student Asthma Management Plan & Asthma Emergency Treatment Plan will be shared with individuals who are in direct contact with the student on a regular basis, as per Ryan's Law, 2015.*

**MEDICATION: RELIEVER/RESCUE INHALER (USUALLY BLUE)**

Use inhaler \_\_\_\_\_ in the dose of \_\_\_\_\_  
*(name of medication)* *(# of puffs/doses)*

Reliever inhaler is used:       to relieve symptoms (see below)  
     to prevent exercise induced asthma, given 10-15 minutes prior to activity.  
    Please specify activity: \_\_\_\_\_

Location of Reliever Inhaler:     student carries own inhaler  
     teacher/supervisor - location \_\_\_\_\_

Student can self-administer?:     Yes             No, needs assistance

### INSTRUCTIONS FOR MANAGING WORSENING ASTHMA

<b>WHAT TO LOOK FOR (1 OR MORE)</b>	<p><b><u>MILD ASTHMA SYMPTOMS</u></b></p> <ul style="list-style-type: none"> <li>•continuous coughing</li> <li>•complaints of chest tightness</li> <li>•difficulty breathing</li> <li>•wheezing (not always present)</li> </ul> <p>*Above symptoms may also be accompanied by restlessness, irritability, tiredness</p>	<p><b><u>ASTHMA EMERGENCY</u></b></p> <p>ANY of the following symptoms indicate an emergency!</p> <ul style="list-style-type: none"> <li>•unable to catch breath</li> <li>•difficulty speaking a few words</li> <li>•lips of nail bed blue or grey</li> <li>•breathing difficult &amp; fast (&gt;25 breaths/min.)</li> </ul> <p style="text-align: center;">▼</p>
<b>WHAT TO DO</b>	<p>1. <b>Administer reliever inhaler.</b> If there is no improvement in 5 - 10 mins - <b>THIS IS AN EMERGENCY</b> ▶▶▶▶▶</p> <p>2. Stay calm. Remain with child.</p> <p>3. Tell the child to breathe slowly &amp; deeply</p> <p>4. Notify parent of episode</p> <p>5. Child can resume normal activities once feeling better.</p> <p><b>Note:</b> If child requires reliever inhaler again in less than 4 hours, medical attention should be sought.</p>	<p style="text-align: center;">▼</p> <p style="text-align: center;">▼</p> <p style="text-align: center;">▼</p> <p>1. <b>CALL 9-1-1</b></p> <p>2. Give reliever inhaler immediately &amp; continue to give reliever inhaler every few minutes until help arrives.</p> <p>3. Stay calm. Remain with the child.</p> <p>4. Tell child to breathe slowly &amp; deeply.</p> <p><b>Note:</b> Students are transported to hospital by ambulance only.</p>

Name	Relationship	Home Phone	Work Phone	Cell Phone

\_\_\_\_\_  
Patient/Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's signature (optional)



**PARENT/PHYSICIAN REQUEST FOR SCHOOL PERSONNEL  
TO ADMINISTER PRESCRIBED ROUTINE MEDICATION  
2021-2022**

*To be completed by Parent/Guardian*

NAME OF STUDENT: \_\_\_\_\_

Date of Birth:YYYY/MM/DD \_\_\_\_\_ Health Card # \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home)\_\_\_\_\_ Business: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_

Telephone: (Home)\_\_\_\_\_ Business: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication Prescribed: \_\_\_\_\_

Dosage \_\_\_\_\_ Time of Administration: \_\_\_\_\_

Duration: \_\_\_\_\_

Why is this medication required? \_\_\_\_\_

Special Instructions (Storage, etc.): \_\_\_\_\_

Any specific side effects to your child? \_\_\_\_\_

*With an increasing number of children on daily medications, it is essential that the above information be known.*

I understand the reason(s) for and the nature of the administration of prescribed routine medication and I consent to administration of such medication. This consent is valid until **June 30, 2021**. Consent can be withdrawn by written notice to Rotherglen School. In the event that there are any changes or modifications to the administration of my child's prescribed routine medication, I agree to provide Rotherglen School with a revised form. I/We hereby release, hold harmless and forever discharge Rotherglen School and any of its respective directors, officers, employees and agents, for any and all actions, causes of action, claims and demands for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever which I/ we have had, may now have or may hereafter have, in any way arising from the administration of prescribed routine medication.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_