

Parent/Guardian
Asthma Package



Rotherglen School
2023-2024



Meadowvale Elementary Campus

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ROTHERGLEN SCHOOL
WHAT SCHOOL SHOULD BE

August 2023

Dear Parents/Guardians:

Asthma Package 2023-2024

Our records indicate that your child has asthma. Attached, please find our Asthma Package for 2023-2024. 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.

This form must be completed and submitted to the school office by Thursday, August 31, 2023, in order for your child to begin school. This document will be valid until August 31, 2024.

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

Sincerely,

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

WHAT TO LOOK FOR (1 OR MORE)	<u>MILD ASTHMA SYMPTOMS</u> •continuous coughing •complaints of chest tightness •difficulty breathing •wheezing (not always present) *Above symptoms may also be accompanied by restlessness, irritability, tiredness	<u>ASTHMA EMERGENCY</u> ANY of the following symptoms indicate an emergency! •unable to catch breath •difficulty speaking a few words •lips or nailbed blue or grey •breathing difficult & fast (>25 breaths/min.) ▼ ▼ ▼
	WHAT TO DO 1. Administer reliever inhaler. If there is no improvement in 5-10 mins - THIS IS AN EMERGENCY ▶▶▶▶▶ 2. Stay calm. Remain with child. 3. Tell the child to breathe slowly & deeply 4. Notify parent of episode 5. Child can resume normal activities once feeling better. Note: If child requires reliever inhaler again in less than 4 hours, medical attention should be sought.	1. CALL 9-1-1 2. Give reliever inhaler immediately & continue to give reliever inhaler every few minutes until help arrives. 3. Stay calm. Remain with the child. 4. Tell child to breathe slowly & deeply. Note: Students are transported to hospital by ambulance only.

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
2023-2024**

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 **August 31, 2024**. 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 _____

****Return to Office - Pg. 2 of 2***