



# ALPHA ACADEMY Asthma Medication Plan

Rev. 03/2021

## MEDICATION ORDERS AND INSTRUCTIONS

### TO BE COMPLETED BY THE STUDENT'S MEDICAL PROVIDER

Please check appropriate boxes  and fill in the blanks. Doses must be exact; ranges will not be accepted.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Asthma Triggers:  Colds  Grass  Pollen  Weather Changes  
 Other: \_\_\_\_\_

This patient is currently under my medical care and due to a diagnosis of asthma, the rescue medication below will need to be given during the regular school day according to the following protocol.

- **Rescue Medication:**  Albuterol (pharmacy will determine generic brand) or  Xopenex/Levalbuterol

Pretreatment before exercise: students in grades K-8 may have physical education (PE) class and recess on the same day. Students in grades 6-12 may have PE class and sports are offered after school as well.

- Specify when pretreatment dose is needed: (**check all that apply**)

PE class  Recess  Sports  n/a

- Dose: give rescue medication MDI \_\_\_\_\_ # Puff(s) 15 minutes before exercise.
- Minimum interval between pretreatment doses: pretreatment rescue medication may be administered every \_\_\_\_\_ hours before exercise at school

**Self-carry:** for this student to be allowed to self-carry and self-administer rescue medication during the school day, the medical provider must complete an Alpha Academy Emergency Self-Medication Authorization Form and allow for the parent/guardian to provide a back-up inhaler to be kept at school. The student must be in **grade four or higher** and will have to demonstrate to the school nurse that they have the skill level necessary to use their emergency medication.

## TREATMENT OF SYMPTOMS

### YELLOW ZONE: CAUTION

*Coughing, Wheezing, Chest is Tight, Short of Breath, & Difficulty Breathing - Peak Flow Range: \_\_\_\_\_ to \_\_\_\_\_*

Step 1: Give rescue medication and monitor 15 minutes. Dose: MDI \_\_\_\_\_ #Puffs or (1) Neb \_\_\_\_\_ mg/3ml

Step 2: Give every \_\_\_\_\_ hours as needed for asthma symptoms.

Step 3: If the student continues to have symptoms, or condition worsens, call the parent/guardian to notify the use of medication and report symptoms and then begin **RED ZONE** directions now.

### RED ZONE: EMERGENCY

*Breathing is Hard & Fast, Rib & Neck Muscles Show with Breathing, Trouble Talking, or Walking*

Step 1: Give rescue medication and monitor 15 minutes. Dose: MDI \_\_\_\_\_ #Puffs or (1) Neb \_\_\_\_\_ mg/3ml

Step 2: Give every 20 minutes for up to one hour or until help arrives.

Step 3: Call 911, if no improvement after the first **RED ZONE** dose.  
Call the parent/guardian or emergency contact.

### THIS IS AN EMERGENCY!

**Students needing emergency care cannot remain on campus. Seek medical attention now!**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD Stamp Below

Physician's Printed Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

This order will expire one year from the date the physician signed.

**ALPHA ACADEMY**  
**Asthma Medication Plan**

Rev. 03/2021

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that:

- Prescription medications may be administered at school and must be in a pharmacy-labeled prescription container that matches the Alpha Academy (AA) Asthma Medication Plan. Medication dosage, time, and intervals must be exact.
- AA only permits students to self-carry and self-administer emergency medication during the school day if:
  1. in grade four or higher,
  2. have submitted a completed AA Emergency Self-Medication Authorization Form, and
  3. have demonstrated to the school nurse that they have the skill level necessary to use their emergency medication. (A back-up inhaler should also be signed into school.)
- The school nurse is available one day a week.
- Non-medical personnel administer medications daily.
- Prior to school administration, the parent/guardian is required to sign the check-in/check-out log for medication.
- Students are not permitted to transport medication to or from school.
- Medication may only be administered as ordered on the approved AA medication forms.
- If medication is not available at the school, 911 will be called for emergencies.
- The parent/guardian is responsible for notifying coaches or supervising staff of before and/or after-school activities of the child's health status and/or the need for medication.
- I may contact the Primary Medication Clerk or school nurse if assistance is needed to ensure medication meets AA Protocol for Medication Administration.
- A medication not picked up within two weeks of the last day of school will be discarded.

**RELEASE OF LIABILITY FORM**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ enrolled at \_\_\_\_\_ school realizing the importance of administering medication to my child as prescribed by the child's physician, do hereby agree to relieve designated school personnel, Alpha Academy, and the Alpha Academy Board of Education of and from any liability from any potential ill effects as a result of their injecting or giving my child medication prescribed by the child's physician. I have discussed this with my physician and/or legal counsel (lawyer) and realize its ramifications and thoroughly understand the meanings of these statements. I consent for the medical provider to disclose health or medical information regarding medication prescribed. I understand that I may revoke this consent at any time, except to the extent action has been taken in reliance on it. This consent is valid until I revoke it in writing or for the term of one year.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> This order will expire one year from the date the physician signed. This form will expire on: _____		
<b>DISPOSITION OF MEDICATION:</b> Date medication was picked up _____ or date medication was discarded _____		
by Staff Name: _____	Staff Signature: _____	Witness: _____