

Parent Consent For Management Of Asthma At School

Student Name: _____ DOB _____ Date form completed _____
 School _____ Teacher: _____

I, _____, the parent or guardian, of the above named student, request this **School Asthma Action Plan** be used to guide asthma care for my child while at school.

I agree to:

1. Provide the necessary supplies and equipment for my child's care;
2. Notify the school nurse of any changes in the student's health status;
3. Notify the school nurse and complete new consent for changes in orders from the student's primary care provider.
4. Authorize the school nurse to communicate with my child's primary care provider/specialist as needed.
5. To provide a separate MDI/spacer and a separate EpiPen® if clinically appropriate to be used on field trips.

I agree that medications that have been prescribed for my child's use may be administered by a school nurse or authorized staff member if:

1. the medication has been appropriately labeled by a pharmacist under the direction of a licensed health care provider;
2. I as the parent or legal guardian have granted permission below for the specific medication(s) to be administered at school.

Equipment (excluding medications) that I have provided for use by my child includes:

Spacer Peak Flow Meter Nebulizer

Medications that I have provided: _____

ALLERGIES - List known allergies to medications, foods, or air-borne substances:

Signature of parent or legal guardian _____ Date _____

Parent/Guardian	Hm/cell/wk Ph #	Hm/cell/wk Ph #
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Address

Parent/Guardian	Hm/cell/wk Ph #	Hm/cell/wk Ph #
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Address

Emergency Contact (relationship)	Hm/cell/wk Ph #	Hm/cell/wk Ph #
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Address
