

# SAINT AGNES SCHOOL



913-262-1686 • 5130 Mission Rd. • Roeland Park, Kansas 66205

## SCHOOL HEALTH PROGRAM INHALED MEDICATIONS

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

- [ ] I have instructed \_\_\_\_\_ in the proper way to use his/her medication. It is my professional opinion that he/she should be allowed to carry and use that medication by him/herself.
- [ ] It is my professional opinion that \_\_\_\_\_ should be **NOT** be allowed to carry and use inhaled medication by him/herself.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### EMERGENCY ACTION PLAN

Emergency action is necessary when the student has symptoms such as \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, or has a peak flow reading of \_\_\_\_\_.

### STEPS TO TAKE DURING AN ASTHMA EPISODE:

1. Give medications listed below.
2. Have student return to classroom if: \_\_\_\_\_  
\_\_\_\_\_
3. Contact parent if: \_\_\_\_\_

### EMERGENCY ASTHMA MEDICATIONS:

	Drug	Amount	Indication
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

### COMMENTS / SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_