



400 Earhart St., Medford, OR 97501 • 541-842-3658

Code: **LPCS-J**
Adopted: 12/10/18

Please agree to ***either*** this Standard Health Care Plan or complete the Individualized Health Care Plan form on the reverse page.

Standard Health Care Plan for Shortness of Breath (Asthma)

Symptom	Action
<ul style="list-style-type: none"> • Coughing for prolonged periods • Wheezing or musical sounds in chest; unusual noises when breathing • Shaking chills with or without fever • Shortness of breath, difficulty breathing • Tightness in chest • Anxious expression • Stopping activity, not wanting to walk fast or run • Hunching over to breathe 	<ol style="list-style-type: none"> 1. Have student use his/her Quick-relief “Rescue” medication if available: 2 puffs of inhaler, 1 minute between each puff, at onset of asthma symptoms. 2. Do not leave student alone. Have someone monitor his/her breathing, Speak calmly and reassuringly. 3. Remove Student from trigger—stop activity participation, remove from area of allergen. 4. Encourage student to relax, sitting up in a comfortable position. 5. Encourage slow, deep breathing. 6. If symptoms are not relieved after 20 minutes, repeat medication dose: 2 puffs of inhaler, 1 minute between each puff. 7. Contact parents if no inhaler is available.

Call 911 If:

Symptom	Action
<ul style="list-style-type: none"> • Struggling to breath, sucking in of skin • Bluish discoloration of lips, nails, between ribs from breathing hard, pallor in student • Unusual noises with breathing • Sweaty, clammy skin • Not wanting to lie down • Declining level of consciousness • Talking in short, clipped sentences • Parent is unavailable 	<ol style="list-style-type: none"> 1. Call 911. Transport to nearest emergency room. 2. Notify parent. 3. Perform CPR if student stops breathing or if heart stops beating.

The school cannot supply medications. Students may carry their inhalers with a signed parent’s permission form. Inhalers must be brought to school with a current pharmacy label. I agree to this Standard Health Care Plan for Allergic Reaction to Insect Stings (please complete the student and emergency information ONLY on the reverse page).

Parent Signature _____ Date _____



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Individualized Health Care Plan—Asthma Adopted: 12/10/18

If you would like to develop an *Individualized Health Care Plan* for your student, please fill out the information below with signature and return to the school office. If an *Individualized Health Care Plan* is not returned to school, the *Standard Health Care Plan* will be in effect.

Student Name _____ **Date of Birth** _____ **Grade** _____

School _____ **School Year** _____ **Student ID** _____

Parent Name _____ **Phone Number** _____

Parent Name _____ **Phone Number** _____

Alternate Phone Number _____

Alternate Phone Number _____

Emergency Contact _____ **Phone Number** _____

Emergency Contact _____ **Phone Number** _____

Date of Last Asthma Attack:	
My child shows these symptoms when having an Asthma attack:	
My child take these medications for Asthma:	<i>*Inhalers can be carried by the student with a signed permission form.</i>
In the event my child has an Asthma attack, do the following:	
Special considerations and precautions (regarding school activities, sports, field trips, transportation, etc.)	

I give permission to staff members of Logos Public Charter School to perform and carry out the tasks as outlined by my child’s Individualized Healthcare Plan. I also consent to the release of the information pertaining to my child’s care to the staff members who have custodial care and those who may need to know this information to maintain my child’s health and safety during the school day. **It is the parent’s responsibility to provide medications—Logos does not have a medical professional on site; therefore we cannot administer medication without parental permission.**

Parent Signature _____ Date _____