LOGOS
PUBLIC CHARTER SCHOOL
Innovative Education Kindergarten to Career
1203 N Ross Ln, Medford, OR 97501 | 541.842.3658

Standard Health Plan for Shortness of Breath (Asthma)

Student:_____ DOB:_____ Grade:_____ Student ID:_____

Symptom	Action
• 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	1. Have student use their 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
• Struggling to breathe, 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	1. Call 911. Transport to nearest emergency room. 2. Notify parent. 3. Perform CPR if student stops breathing or if heart stops beating.

Students may only carry and self-administer an inhaler with a permission form signed by an administrator & parent/guardian. Inhalers must be brought to school with a current pharmacy label. I agree to this Standard Health Care Plan for Shortness of Breath (Asthma).

_____ _____

Parent/Guardian Signature Date

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Individualized Health Plan for Shortness of Breath (Asthma) (Nurse Use Only)

Student:_____ DOB:_____ Grade:_____ Student ID:_____
Parent/Guardian:_____ Phone:_____
Parent/Guardian:_____ Phone:_____
Additional Emergency Contact:_____ Phone:_____
Additional Emergency Contact:_____ Phone:_____

The student shows these symptoms when having an Asthma attack:	
If the student has an Inhaler:	☐ Student will carry on person (in bag/backpack). ☐ Parent/Guardian will carry on person. ☐ Student does not have an inhaler.
In the event the student has an Asthma attack, do the following:	
Special considerations and precautions:	

I give permission to staff members of Logos Public Charter School to perform the tasks as outlined by my child's Individualized Health 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. **Students may only carry and self-administer an inhaler with a permission form signed by an administrator & parent/guardian. Staff may only administer medications with a permission form signed by parent/guardian.**

_____ _____
Parent/Guardian Signature Date