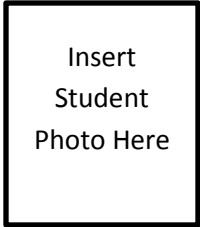


Springboro Community City Schools
Health Services



Asthma Action Plan

A completed form must be provided to the school health clinic before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Student Information

Name of Student _____ D.O.B. _____

Grade _____ Homeroom Teacher _____ School _____

To Be Completed by Physician

Please list the steps you would like the SCCS school employee to follow for both Emergency (if applicable) and Non-Emergency treatment:

Medication, Dosage, and Times to be administered: _____

Expiration Date: _____

*Emergency: _____

*Non-Emergency: _____

Possible reactions that should be reported to physician: _____

Do you consider the student's asthma condition to be life threatening? Yes No

What medications are given **daily**? _____

What are "trigger factors" for the student? _____

Is this student approved by physician to carry his/her own inhaler? Yes No

Special Instructions: _____

Date for Medication to **Begin**: _____ **End**: _____

Physician's Signature _____ **Date** _____

Physician's Name _____ **Phone #** _____

To be Completed by the Parent:

I have read and understand Springboro Community City Schools Medication Policy. I give my permission for information to be sent to the school district via facsimile.

I, hereby, authorize designated personnel of the Springboro Community City School District to administer the above named medication or procedure as instructed by the physician, and agree to:

1. Provide the school with the medication in the container in which it was dispensed by the prescribing physician or licensed pharmacist.
2. Notify the school if we change physicians.
3. Notify the school if the medication, dosage, or procedures is changed or is to be eliminated.
4. Release authorized school employees from all liability, cause of action, or any other responsibility for administering said medicines as noted above.

Parent/Guardian Signature: _____ **Date:** _____

Phone #1 _____ **#2** _____

School-Staff Signature: _____ **Date:** _____