Medical Management Plan SCHOOL YEAR 2018-2019

ASTHMA

Stı	udent Name:	Date	Date of Birth:			
Ph	ysician's Name:	F	Phone #:			
Ad	dress:		Fay #·			
Lis	t Known ALLERGIES:					
Ide	ntify the things that start an asth	ma episode (check all that apply to the	e student)			
	Exercise	Strong odors of fumes	Respiratory infections			
	Chalk Dust	Change in temperature	Carpets in the room			
	Animals	Pollens	Food			
	Molds	Other				
Da	aily Medication Plan					
	Name of Medication	Amount/Dose	When to use			
1.						
2.						
3.						
ΕN	IERGENCY ACTION is necessary w	hen the student has symptoms such as	s:			
Steps to take during an asthma episode: Give emergency medications listed below. Seek Emergency Medical						
	,	product circ circ gone, incursation	o motor work and a mongonity mountain			
		llowing: No improvement 15-20 minu	<u> </u>			
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Continued Asthma Plan for (Student NAME)			
Is your child compliant with their current treatment	regime?	Yes	No No
Does your child function independently with medicar	tion administration?	Yes	No
Are there any activity restrictions for your child? If yes, please list:		Yes	No
I authorize my child's school nurse to assess my child as with my child's physician as needed throughout the school plan for my child. I understand I may withdraw this author As the parent or guardian of the student named above, I re of medication/treatment prescribed for my child. I understand that under provisions of Florida Statue 10 administration of medication when the person administration would have acted under the same or similar circumstance listed above if there are any questions or concerns about the authorize the physician to release information about this content.	it relates to his/her special health ca of year. I understand this is for the rization at any time and that this auth equest that the principal or principal's 06.062, there shall be no liability fating such medication acts as an or es. I also grant permission for school- the medication. I have read the guid	re needs and to disc purpose of generati norization must be re designee assist in the for civil damages as rdinarily reasonable, of personnel to contra	cuss these needs ng a health care newed annually. he administration a result of the prudent person act the physician
authorize the physician to release information about this ec	multion to school personnel.		
Parent/Guardian Signature	Print Name		Date
Parent/Guardian:	Cell:		
	Work:		
Parent/Guardian:	Cell:		
	Work:		