

Appendix H

ASTHMA PACKAGE

FOR PARENT(S)/GUARDIAN(S)

STUDENT NAME: _____



Asthma Package

Contents

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LETTER TO PARENT(S) / GUARDIAN(S) OF STUDENTS WITH ASTHMA

Dear Parent(s) / Guardian(s):

In accordance with *Ryan's Law - Ensuring Asthma Friendly Schools*, an Asthma Parent/Guardian package has been designed to support your child at school. The goal of the board's procedures is to provide a safe and nurturing environment for all students, including students with asthma.

Parent(s) / Guardian(s) are invited to support your child's learning environment by:

- *Reading the contents of the Parent / Guardian package and reviewing with your child the attachment "Responsibilities of Students With Asthma"*
- *Communicating with the principal and your child's teacher potential asthma triggers*

The Dufferin-Peel Catholic District School Board's procedures regarding asthma, requires that parents/guardians communicate their child's medical needs to the school principal and/or designate and include any revised medical information.

Please complete the following forms and return them to school as soon as possible:

1. *GF 411 Sections A and B: "ALERT: Asthma Student Emergency Response Plan". This plan is maintained at the school and is completed annually.*
2. *GF 412 Parts A and B: "Request and Consent for the Administration and Storage of Asthma Medication". Part A of this form requires a physician's signature.*

NOTE: *If the GF412 and/or the previous GF035 form "Authorization for Storage and Administration of Medications" has already been signed by your child's physician, and is on file with the school, it only needs to be completed again when there is a change in a prescription. The forms will be retained on file at the school.*

In consultation with you and using the information in the "ALERT: Student Asthma Emergency Response Plan", the school will develop and communicate an Individual Student Plan - Asthma (ISP-Asthma). While every effort is being made to create a safe learning environment for your child, the board acknowledges it is not possible to reduce the risk of exposure to asthma triggers to zero.

Should you have any questions or concerns, please contact the school.

Sincerley,

Additional information about asthma can be found on the following websites:

www.asthma.ca
www.asthmainschools.com
www.lung.ca



ALERT: Asthma Student Emergency Response Plan

GF 411

****TO BE COMPLETED BY THE PARENT(S) / GUARDIAN(S)****

SECTION: A

Name: _____ Date of Birth: _____

Home Telephone: _____ Classroom Number: _____

Medical Alert I.D.: ☐ Yes ☐ No School Year: _____

Contact Information

Contact Priority	Contact Type	Contact Name	Phone Type	Contact Number	Extension
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Photo of
Student

Please indicate all known asthma triggers for this student:

Chemical Reactions

☐ Strong Odours

Environmental

☐ Pollen

☐ Seasonal

Weather

☐ Hot/Cold Weather

☐ Smog

Physical

☐ Exercise/Physical Activity

☐ Colds / Flu

☐ Allergies

Other(s) (specify): _____

Please indicate all known symptoms of asthma attack for this student:

☐ Chest
Tightness

☐ Continuous
Coughing

☐ Trouble
Breathing

☐ Wheezing (whistling
sound in chest)

Other (specify): _____

Recommended treatment in the event of asthma symptoms:

Reliever inhaler (Fast-Acting) ☐ Yes ☐ No Spacer provided?: ☐ Yes ☐ No

Medication Name: _____ Dosage / Time / Frequency: _____

Student self-administers Reliever inhaler?: ☐ Student needs assistance / supervision taking inhaler: ☐

Other Asthma Medications (specify): _____

Storage location(s) of this student's asthma medication at school (including spare medication):

☐ With Student

☐ In Classroom. Location: _____

☐ In Office. Location: _____

Other. Specify: _____

The Following will be included in this student's "ALERT: Asthma Student Emergency Response Plan"

* Taken from the Lung Association of Ontario

MANAGING ASTHMA ATTACKS - TAKE ACTION IF ANY ASTHMA SYMPTOMS OCCUR:

STEP 1: Immediately have student use their fast-acting reliever inhaler (usually a blue inhaler). Use spacer if provided.

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone.

If symptoms worsen or do not improve within 10 minutes, this is an EMERGENCY. Follow steps below.

IN THE EVENT OF AN EMERGENCY:

STEP 1: • Immediately use fast-acting reliever (usually a blue inhaler). Use a spacer if provided.
• CALL 911 for an ambulance. Follow 911 communication protocol with emergency responders.

STEP 2: • If symptoms continue, use reliever inhaler every 5 - 15 minutes until medical help arrives

WHILE WAITING FOR MEDICAL HELP TO ARRIVE:

- Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- Do not have student breathe into a bag.
- Stay calm, reassure the student, and stay by his/her side.
- Notify parent/guardian or emergency contact.

**ALERT: Asthma Student Emergency Response Plan****GF 411******TO BE COMPLETED BY THE PARENT(S) / GUARDIAN(S)******SECTION: B**
Student Name: _____ **Date of Birth:** _____ **School Year:** _____

I/We understand that:

- a) The goal of the board's asthma policy is to provide a safe environment for every child with asthma, but it is not possible for the school to reduce the risk to zero.
- b) School staff are not health professionals and have no more information about the medical conditions of my/our child than that which has been provided to them. Recommendations received by the school from my/our child's health care provider, in accordance with Ryan's Law, will be taken into consideration in the development of my/our child's individual student plan.
- c) Information regarding my/our child's asthma will be shared with Transportation (STOPR) as appropriate.
- d) I/we have a responsibility to educate my/our child about their asthma triggers and how this can be supported at school. Please refer to "Responsibilities of Students With Asthma".
- e) In the event of an emergency and in accordance with Ryan's Law, if an employee has reason to believe that a pupil is experiencing an asthma exacerbation, the employee may administer asthma medication to the pupil for the treatment of the exacerbation, even if there is no preauthorization.

I/We, as parent(s) / guardian(s), are responsible for ensuring that asthma medication:

- a) Is contained in the original container.
- b) Is clearly labelled with the name of the child.
- c) Is clearly labelled with the name of the physician.
- d) Is updated prior to its expiry date.

Consent and Acknowledgement:

- I/We give consent that the "ALERT: Asthma Student Emergency Response Plan" (GF 411) with the picture of my/our child, can be posted in appropriate locations of the school (e.g. health room, staff room, pupils' classroom or central location as appropriate). It is understood that the reason for this display is to enable Board personnel to be better able to respond to potential emergencies.
- In the event of my/our child experiencing an asthma emergency, I/we request and consent to my/our child's use/administering of their fast-acting reliever inhaler as indicated on the "ALERT: Asthma Student Emergency Response Plan" (GF 411).
- I/We request and consent to my/our child storing and administering, independently as needed, their own asthma medication as indicated on the "ALERT: Asthma Student Emergency Response Plan" (GF 411).

Parent/Guardian:

 (Print Name)

 (Signature)

Date:

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT / Personal information is collected under the authority of the Education Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act for the purpose of meeting the student's needs as outlined. Questions about information collected on this form may be directed to the school principal.

Distribution:
☐ OSR

☐

Post/Retain in Central Location

☐

Parent/Guardian

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Request and Consent for the Administration and Storage of Asthma Medication

GF 412A

****Part A: Prescribed Asthma Medication. To be completed by Physician.********Form required when medication is first prescribed or when there is a change in medication.****

Student Name: _____ Date of Birth: _____
 Address: _____ Home Telephone: _____
 School: _____ School Year: _____

Please indicate all known asthma triggers for this student:

Chemical Reactions☐ Strong OdoursEnvironmental☐ Pollen☐ SeasonalWeather☐ Hot/Cold Weather☐ SmogPhysical☐ Exercise/Physical Activity☐ Colds / Flu☐ Allergies

Other(s) (specify): _____

Please indicate all known symptoms of asthma attack for this student:

☐ Chest
Tightness☐ Continuous
Coughing☐ Trouble
Breathing☐ Wheezing (whistling
sound in chest)

Other (specify): _____

Recommended treatment in the event of asthma symptoms:

Reliever Inhaler (Fast Acting)

☐ Yes☐ No

Spacer provided?:

☐ Yes☐ No

Medication Name: _____

Dosage / Time / Frequency: _____

Student self-administers Reliever Inhaler?:

☐

Student needs assistance / supervision taking inhaler:

☐

Other Asthma Medications (specify): _____

Possible side effects of the asthma medication?: _____

Recommended storage location(s) of this student's asthma medication at school:

☐ With Student☐ In Office. Location: _____☐ In Classroom. Location: _____☐ Other. Specify: _____**The Following will be included in this student's "ALERT: Asthma Student Emergency Response Plan"**

* Taken from the Lung Association of Ontario

MANAGING ASTHMA ATTACKS - TAKE ACTION IF ANY ASTHMA SYMPTOMS OCCUR:**STEP 1:** Immediately have student use their fast acting reliever inhaler (usually a blue inhaler). Use spacer if provided.**STEP 2:** Check symptoms. Only return to normal activity when all symptoms are gone.

If symptoms worsen or do not improve within 10 minutes, this is an EMERGENCY. Follow steps below.

IN THE EVENT OF AN EMERGENCY:**STEP 1:**

- Immediately use fast acting reliever (usually a blue inhaler). Use a spacer if provided.

- CALL 911 for an ambulance. Follow 911 communication protocol with emergency responders.

STEP 2:

- If symptoms continue, use reliever inhaler every 5 - 15 minutes until medical help arrives

WHILE WAITING FOR MEDICAL HELP TO ARRIVE:

- Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- Do not have student breathe into a bag.
- Stay calm, reassure the student, and stay by his/her side.
- Notify parent/guardian or emergency contact.

Physician's Name: _____ Telephone: _____

Address: _____

Physician's Signature: _____ Date: _____

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information is collected under the authority of the Education Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act for the purpose of meeting the student's needs as outlined. Questions about information collected on this form may be directed to the school principal.

Distribution: ☐ OSR ☐ Parent / Guardian



Request and Consent for the Administration and Storage of Medications

GF 412B

****Part B: Prescribed Asthma Medications. To be completed by the Parent/Guardian.****

Student Name: _____ Date of Birth: _____

Address: _____ Home Telephone: _____

School: _____ School Year: _____

In case of emergency, the contact person is:

Name: _____ Telephone: _____

Relationship: _____

This is to authorize the administration of:

Prescribed Medication(s): _____

Parent(s)/Guardian(s) are responsible for ensuring that asthma medication:

- a) Is contained in the original container.
- b) Is clearly labelled with the name of the child.
- c) Is clearly labelled with the name of the physician.
- d) Is updated prior to its expiry date.

Asthma medication stored in the the office area will be delivered to the principal / designated person by the parent / guardian unless otherwise determined.

Storage location of student's asthma medication at school:

☐ With Student ☐ In Office. Location: _____

☐ In Classroom. Location: _____ ☐ Other. Specify: _____

Student has a Medical Alert ID: ☐ Yes ☐ No

NOTE: Dufferin-Peel CDSB is participating in the No Child Without * initiative through the Canadian MedicAlert * Foundation. Registered schools can support families access free MedicAlert bracelets and supporting resources through this initiative found at <http://www.nochildwithout.ca>

Parent/Guardian Signature: _____

Date: _____

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT Personal information is collected under the authority of the Education Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act for the purpose of meeting the student's needs as outlined. Questions about information collected on this form may be directed to the school principal.

Distribution: ☐ OSR ☐ Parent / Guardian

Responsibilities of Students With Asthma

Consider age and student ability



FORMS:

- ✓ Take home and return to school all forms related to asthma



MEDICATION:

- ✓ Learn how to appropriately administer your medication (age and ability appropriate)
- ✓ Inform teacher/adult/supervisor as soon as you feel the need to administer your medication and/or after the medication has been taken
- ✓ Carry and maintain your inhaler with you at all times or make sure your inhaler is accessible at all times
- ✓ Maintain your inhaler with you during school excursions and inform supervisor of asthma and the location of medicine
- ✓ Do not share your medication with other individuals
- ✓ Tell your parents/guardians and teacher each time you take your medication



AWARENESS:

- ✓ Know your asthma triggers and inform your teacher that your asthma is bothering you due to the trigger
- ✓ When experiencing an asthma attack inform a teacher or classmate and stay with others. Medical assistance will not be available to assist you if the asthma attack gets worse or no one knows where you are.