

SCHOOL ASTHMA CHECKLIST

Student Name _____

Grade/Teacher _____

School Year _____

PLEASE COMPLETE THE FOLLOWING:

Complete the Asthma Action Plan/Medication Authorization form (see steps below).

- Step #1** Check/circle your child's asthma triggers (things or activities that make your child's asthma worse). **Sign the bottom of the form.**
- Step #2** Take the form to your child's doctor and have him/her fill out the medication sections (red, yellow and green zones). **The doctor must sign the bottom of the form.**
(Medications will not be given without both parent and doctor signatures)
- Step #3** Bring to school:
- Asthma Action Plan/Medication Authorization Form
 - Asthma Quick-relief (rescue) Medications: inhaler or nebulizer with medication
 - Asthma equipment (**inhaler, spacer and peak flow meter**)
 - Please make sure inhaler is in original box with prescription label and not expired
 - We recommend that your child have an inhaler at school and at home
- Step #4 Contact Information:** Provide the school with up to date home/work/cell phone numbers and emergency contacts so that we may always be able to reach you. Call the school if any of these numbers change.
- Step #5** For your child to keep inhaler with him/her, the Authorization for Self Medication by CMS Students must be filled out and signed by the doctor, parent and student.

Your school nurse is: _____
and can be reached at (980) 343-_____ (school) or (704) 446-_____ (voicemail).

We can all work together to make your child's school experience the best it can be.