

**Westford Public Schools
Asthma Individual Health Care Plan**

Insert
student photo
here.

Name: _____ Grade: _____ Age: _____

Homeroom teacher: _____ Room: _____

Parent/Guardian Name(s)	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

Emergency contact #1: _____
Name Relationship Phone

Emergency contact #2: _____
Name Relationship Phone

See Asthma Action Plan

If your student has symptomatic asthma, please complete the following information

Physician treating student for Asthma: _____ Phone: _____

Other physician or primary care: _____ Phone: _____

Daily Asthma Management Plan

Identify asthma triggers (check all that apply to the student)

<input type="checkbox"/> Pollen	<input type="checkbox"/> Strong odors or fumes	<input type="checkbox"/> Other (describe): _____ _____ _____
<input type="checkbox"/> Molds	<input type="checkbox"/> Dust	
<input type="checkbox"/> Cold/viral illness	<input type="checkbox"/> Exercise	
<input type="checkbox"/> Change in temperature	<input type="checkbox"/> Food	
<input type="checkbox"/> Animals		

Does your student take medications Daily ONLY when needed

Describe your student's asthma symptoms: _____

Does your student understand asthma and his/her management of asthma? Yes No

If no, describe what your student still needs to learn: _____

Emergency Plan:

Plan for treating mild symptoms: _____

Emergency action is necessary when the student has severe symptoms such as: _____

See Asthma Action Plan

I consent to have the school nurse, or school personnel designated by the school nurse, carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as determined appropriately for my student's health and safety.

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

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Asthma Individualized Health Care Plan**

Inhalers at School

If your student's plan includes the use of an inhaler, please choose one:

_____ The student comes to the nurse's office, where the inhaler is kept unlocked, and uses it under the nurse's supervision. The advantage is that the medication will be used correctly under supervision.

_____ The following conditions must be met for a student to carry their inhaler. We recommend a spare inhaler be kept in the nurse's office in case the student should forget theirs or run out. If my student carries an inhaler with them at school:

- The student must demonstrate the correct use of the inhaler to the school nurse.
- The student agrees never to share the inhaler with another student
- The student agrees that after two puffs, if there is not marked improvement they will go to the nurses office immediately.

I give permission for my student _____ to carry the above-mentioned inhaler. I understand that they must follow the rules above. I will notify the school nurse of any changes in medication or my student's condition.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Notice: Westford Public Schools are concerned with the safety and well being of all its students. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after-school personnel cannot deliver medical procedures or obtain or administer medications.