DAILY ASTHMA MANAGEMENT PLAN <i>Side</i>	2, Contin	ued: TO BE COMPLETED B	Y PARENT/GU	ARDIAN AND STUDENT
Student Name:		Birthdate	e	- Addition of the Addition of
Identify the things which start an a				
the student's environment as muc	h as possil	ble.	· citac appry.	mese silould be excluded from
☐ Exercise		Chalkdust/ Dust		Food
☐ Strong Odors or Fumes		Carpets in Room		Molds
☐ Respiratory Infections		Animals		Latex
☐ Change in Temperature		Pollens Spring/Summe	er/Fall	Other:
List all asthma medications taken of	each day (i	including at home)		
Name	, and the same	•	mount	When to Use
1.				vvnen to Use
2.			The body of the bo	
2. 3.	7810.14.14.14.14.14.14.14.14.14.14.14.14.14.		·	
Comments and Special Instruction	· ·			
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AUTHORIZATIONS:				
OTTORIZATIONS.				
'ARENT/GUARDIAN:				
	If-administ if my child es [dication be nool distric without w nurse to co n and the j	ter asthma medications and suffers any adverse read of suffers any adverse read of stored with the school/set is not responsible or liable or liable of suffer and receive addition prescribed medication regrescribed medications and sufficient regrescribed medication regr	ctions from se school Nurse i ble if backup r medication is onal informati gimen.	elf-administration and/or storagen case a student forgets or lose medication is not provided to the needed. Son from your healthcare
I want this plan to be implemented authorize my child to carry and se personnel from all claims of liability of asthma medication. It is recommended that backup medinhaler or inhaler is empty. The school/school nurse and student is four signature gives permission for the provider regarding the asthma condition.	If-administ if my child es [dication be nool distric without w nurse to co n and the j	ter asthma medications and suffers any adverse read of suffers any adverse read of stored with the school/set is not responsible or liable or liable of suffer and receive addition prescribed medication regrescribed medications and sufficient regrescribed medication regr	ctions from se school Nurse i ble if backup r medication is onal informati gimen.	elf-administration and/or storagen case a student forgets or lose medication is not provided to the needed. Son from your healthcare
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ARENT/GUARDIAN: I want this plan to be implemented lauthorize my child to carry and se personnel from all claims of liability of asthma medication. It is recommended that backup me inhaler or inhaler is empty. The sch school/school nurse and student is four signature gives permission for the rovider regarding the asthma condition Parent/Guardian Signature TUDENT AGREEMENT: I understand the signs and symptomagnetic lagree to carry my medications with will not share them or use my asthmated the signature. Approved by School Nurse/School Fundament Signature.	If-administ If my child If my	ter asthma medications at d suffers any adverse read d suffers any adverse read less to stored with the school/set is not responsible or liable torking medication when to ontact and receive addition prescribed medication regulations. It times. Eations for any other use to be a set of the set of	school Nurse is school Nurse is school Nurse is school Nurse is school information in school in sc	elf-administration and/or storage n case a student forgets or lose medication is not provided to the needed. Son from your healthcare medication. Simeant for. Yes No