

My Child's Name \_\_\_\_\_

**My child's medications are:**

**Control/maintenance/daily medication(s):**

Name \_\_\_\_\_ Amount & How often to be given \_\_\_\_\_  
Name \_\_\_\_\_ Amount & How often to be given \_\_\_\_\_  
Name \_\_\_\_\_ Amount & How often to be given \_\_\_\_\_  
Name \_\_\_\_\_ Amount & How often to be given \_\_\_\_\_

**Management at School**

When my child has an asthma episode at school, health/school staff should do the following:

Permit student to rest in health room	Yes	No
Administer prescribed emergency medication (needs Medication order, MCPS 525-13)	Yes	No
Permit student to carry inhaler to self-administer rescue/emergency medication (needs Medication order, MCPS 525-13)	Yes	No
Call parent/guardian/emergency contact (as indicated on school emergency card)	Yes	No
Call 911	Yes	No
Other _____		

**This information will be shared with school staff with a need to know.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed by \_\_\_\_\_, School Community Health Nurse**  
**Date \_\_\_\_\_**  
**Comments**

**stay healthy**