

SCHOOL DISTRICT No. 36 (Surrey)

MEDICAL ALERT INFORMATION AND CARE PLAN (Asthma)

Birthdate:	Personal Hea	alth Number:
Date Information Provided:		
Date when this information was	s reviewed by Parent/Guardian (minir	mum annually):
(date of review)	(date of review)	(date of review)
(date of review)	(date of review)	(date of review)
School Emergency Contact I	Information:	
	Name	Phone Number
Family Doctor		Phone Number
Family Doctor		Phone Number
· · · · · · · · · · · · · · · · · · ·		Phone Number
Mother		Phone Number
Mother		Phone Number
Mother Father Alternate Contact		Phone Number
Mother Father Alternate Contact Alternate Contact Alternate Contact		

Specific Symptoms to watch for:

1.	
2.	
3.	
4.	
5.	



Procedures to deal with a problem: - ASTHMA -

- 1. Check medication administration information below.
- 2. Ensure that bronchodilator medication is available and administered. Have an adult stay with the student.
- 3. Repeat treatment in 10 minutes if symptoms persist.
- 4. The attack is **SEVERE** if:
 - a) Two bronchodilator treatments have not helped, OR
 - b) The student has difficulty speaking, moving; or is turning blue, pale or sweating; or requests a doctor, ambulance or to go to hospital.

IMMEDIATELY arrange for transportation to hospital (phone 911).

5. Notify parent/guardian.

ledication needed:	ES 🗆 No	Location at the School:	
ledication is Self-Administer	ed: 🗆 Yes	□ No	
Name of Medication:			Expiry Date:
aining Documentation:			
anng Doodnontation			
Name of School		aining/Review	Trainer

- I agree that the above information is correct.
- If changes occur I will contact the school and provide revised instructions.
- I agree that if medication is required I will supply it to the school in the original container with my child's name and the pharmacist's direction for use, including dosage.
- I am aware that no medication will be administered until this form is completed and returned.
- I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary.
- I am aware that staff working with my child my need to know of my child's condition and of the medication required.
- I am aware I am required to update this information each September.