



**MPS ASTHMA CARE PLAN ADDITIONAL CONSIDERATIONS:**

**Field Trip Procedures – Rescue meds should accompany student during any off –site activities.**

- ♦ The student should remain with staff or parent/guardian during the entire field trip  Yes  No
- ♦ Staff members will follow Field Trip emergency protocol (911) and this health care plan (plan will accompany student).
- ♦ Other (specify) \_\_\_\_\_

**Self- Medication- for School Age/Youth**

YES, student can self-medicate. The school nurse has assessed the student and finds the student competent to use his/her medication safely. \_\_\_\_\_ has been instructed not to share medications and should \_\_\_\_\_ violate these restrictions the privilege of self-medicating will be revoked and his/her parents notified. The parent/guardian will provide a physician order for self medication.

**OR**

NO, After assessing the student, it is my professional opinion that \_\_\_\_\_ SHOULD NOT carry or self administer his/her medication.

**Bus –Transportation should be alerted to student’s condition.**

- This student carries rescue meds on the bus BUS # \_\_\_\_\_  Yes  No
- Rescue meds can be found in:  Backpack  Waistpack  On Person  Other \_\_\_\_\_
- Student will sit at front of the bus  Yes  No
- Other (specify) \_\_\_\_\_

**Parental Permission/Consent:**

**If the school nurse is in agreement with the student’s physician that the student is safe to carry his/her inhaler and self-medicate then the Parent/Guardian signature gives permission for the nurse/student to administer prescribed medicine and for the nurse to contact emergency medical services if necessary.**

**Student Statement of Understanding:**

**I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, the privilege of self-medication will be revoked and my parents notified.**

Type or Print Name of Student (if given permission to self-medicate and applicable per age of student)	Student Signature/DATE
Type or print name of Parent/Guardian	Parent Signature/DATE
Type or print School Nurse Name	School Nurse Signature/ DATE