Grace Education Academy

STUDENT MEDICAL CONDITION NOTIFICATION

Dear Parent,

The school records indicate that your child _____ has been diagnosed with the following medical condition(s): _____
_____

In order to prepare the staff for a possible emergency concerning your child, the school staff must be made aware of your child's medical condition. Therefore, the school is asking for your permission to confidentially notify the teachers and/or staff members and/or transportation of your child's condition, in order to protect your rights, your child's safety and comply with Florida Statute 1002.22 and 381.0056. The school understands this can be a sensitive situation and assures you that this information will be kept as confidential as possible.

Sincerely,

_____
Principal
_____School

PLEASE SIGN AND RETURN TO YOUR CHILD'S SCHOOL

I hereby give permission for confidential written notification to your staff of my child's medical condition.

Parent Signature: _____ Date: _____

Grace Education Academy

ASTHMA CARE PLAN

School Year _____ - _____

Student name: _____ Date of birth _____ Student iD# _____

School name _____ Grade _____ teacher _____ bus _____

Contact Information

Parent/Guardian # 1 _____ Phone # Home _____ Work _____ Cell_____

Parent/Guardian # 2 _____ Phone # Home _____ Work _____ Cell_____

Other emergency contact _____ Relationship _____ Phone # _____

Other emergency contact _____ Relationship _____ Phone # _____

Asthma Health Care Provider _____ Phone # _____

Primary Physician _____ Phone # _____

Hospital Choice: Please check

o Oak Hill Hospital o brooksville Regional Hospital o Spring Hill Regional Hospital

Emergency Notification: Check the Symptoms usually seen for this student (if parents/guardian can't be located, 911 will be called for student in acute respiratory distress)

o Multiple Requests for Rescue inhaler/nebulizer
o Chest tightness
o Worsening Wheeze
o Dusky Color
o Exhaustion
o Excessive Coughing o nasal Flaring (widening)
o unable to Speak in Complete Sentences
o Shortness of breath
o Chest Pain
o Hunched Shoulders
o Lips/nails blue in Color
o Straining neck Muscles

Other _____

DOES STUDENT HAVE CONTRACT TO CARRY OWN INHALER? o **YES** o **NO**
DATE OF LAST AStHMA ATTACK: _____
DATE OF LAStTEMERGENCY ROOM VISIT FOR ASTHMA _____
DATE OF LAST HOSPITALIZATION FOR ASTHMA _____

Student name: _____

ASTHMA MEDICATIONS AT SCHOOL/HOME

Drug name _____ Dose _____ Time Given _____

Drug name _____ Dose _____ Time Given _____

Drug name _____ Dose _____ Time Given _____

For any medications in school, a Medication Authorization Form must be completed

Nebulizer Treatment: Drug _____

Dose _____ Frequency _____

RESCUE TREATMENT INHALER: Drug _____

Dose _____ Frequency _____

ASTHMA TRIGGERS: Please check all that apply

o Dust o Mold o bugs o Sprays

o Cats/Dogs o Exercise o Weather changes o Smoke

o Household Products

Other _____

Does student use a Peak Flow Meter? o YES o no if Yes, normal/best Range _____ **or** o Red o Yellow o Green

Has the student attended an Asthma Education Program such as Open Airway? (Sponsored by the American Lung Association) o Yes o no Date of Education Program _____

List other emergency procedures for student experiencing Asthma signs/symptoms

_____

_____

_____

Parent/Guardian Signature/Date _____

_____

Public Health nurse Signature/Review Date

GRACE EDUCATION ACADEMY
HEALTH CARE ACTION PLAN

Student Name _____ Date _____ _

(Copy to be readily available in classroom and clinic)

EMERGENCY PLAN

IN AN EMERGENCY:

1 . Stay with child

2. Call/ask someone to Ms. Kim or Dr. Rivera-Tubbs who will assess the child and summon EMS for this child/or instructor may call EMS.

If you see this:	**Do This:**

Based on the child's current condition a **medical emergency** for this child is

Mother's Name: _____ Work (_} _____ Home (_) _____ _ Cell (_} _____ _

Father's Name: _____ Work(_} _____ Home (_} _____ _ Cell (_) _____ _

Emergency Contact Name: _____ Phone Number: _____ _

Preferred Hospital: _____ _

Primary Physician: _____ _

Specialist(s): ----------