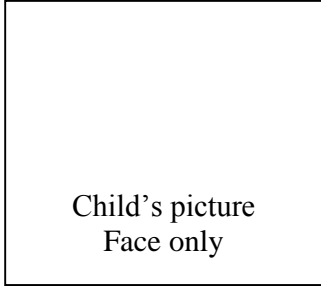


**Rochester Community Schools
ASTHMA Medical Action Plan (MAP)**



Student's Name _____
Date of Birth _____ School _____
Age _____ Grade _____ Teacher _____

Page one of this MAP is to be completed, signed and dated by a parent/guardian.
Page two of this MAP is to be completed, signed and dated by the treating physician or licensed prescriber.
Without signatures this MAP is not valid. The parent/guardian is responsible for supplying all medications and any other needed equipment/supplies to the school.

CONTACT INFORMATION

Call First Name: _____ Relationship: _____
Guardian: Relationship: _____
Phone: Home: _____ Cell: _____
Work: _____
Try Second Name: _____ Relationship: _____
Home: _____ Cell: _____
Work: _____
Call Third (If a parent /guardian cannot be reached)
Name: _____ Relationship: _____
Address: _____ Phone: _____

ASTHMA HISTORY

Asthma Triggers- may cause an asthma episode at school (circle all that apply)
Exercise Animal dander Cold weather/extreme temperatures
Dust/carpet Grass/pollen Respiratory illness (colds)

Food Allergy(s) _____ **Other** _____

YES NO A Severe Allergy Medical Action Plan has also been completed for this school year.

For asthma my child has/uses the following:

- YES NO A spacer
- Recommended for **all** students, attaches to the inhaler for ease of use and improved delivery of the medication to the bronchi.
- YES NO Medication at home (other than rescue) to control asthma
- YES NO A nebulizer (breathing machine) at home
- YES NO I will supply the school with a back up inhaler if my child is to self carry.
- YES NO I have read the attached information regarding section 504 eligibility
- YES NO I wish to be contacted regarding a 504 evaluation

Instructions for the school _____

I agree to have the information in this two page plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having asthma to better identify needs. I give permission to use my child's picture on this plan (if I did not supply a photo.) I give permission for trained staff to help administer the medication ordered for asthma on page 2 of this plan and to contact the physician/licensed prescriber for clarification of orders, if needed.

Date _____ Parent/Guardian _____

Signature

Bus # _____
Driver: _____
Route # _____
Transportation Office Use ONLY if needed
Medical File

Signs of Asthma Attack

- Wheezing (noisy breathing) * Peak flow reading below 80% of personal best
- Shortness of breath
- Difficulty breathing
- Coughing
- Complains of chest tightness or pressure

Action



- Give Medication as ordered below
- Use a spacer if provided for a metered dose inhaler
- Be sure to wait 1-2 minutes before a second puff of the inhaler
- Remain calm
- Encourage slow deep breathing: in through the nose & out through puckered lips
- Have the student sit up right
- Stay with the student until breathing normally

Signs of Asthma EMERGENCY

- No improvement 10-15 minutes after medication is given
- Breathing difficulty gets worse
- Skin pulls in around collarbone or ribs with each breath (shoulders may rise)
- Looks anxious, frightened, or restless
- Cannot talk in a complete sentence or walk and talk
- Stops playing and cannot start activity again
- Hunched over
- Pale color or blue around mouth or nail beds (skin may be damp)

Action



- CALL 911 and Parent/Guardian
- Repeat medication while waiting for emergency help to arrive
- Start CPR if breathing stops

For office use: Rescue inhaler location _____ Expiration date _____

Authorized Physician/Licensed Prescriber Order & Agreement with Protocol in this 2 page plan

Medication _____ Route MDI (metered dose inhaler) Dose _____
 Nebulizer (breathing machine) Dose _____

Side Effects _____

YES NO MDI treatment may be repeated in 5 to 10 minutes if no help or symptoms worsen

Nebulizer instructions _____

YES NO Medication is needed 20 minutes before PE/recess/strenuous exercise

YES NO Student can use inhaler correctly, knows when to get adult help, not to share, and how to properly maintain the devise. Therefore, it is my professional opinion, this student should be allowed to self-carry their inhaler.

YES NO Peak Flow readings are to be done at school. Give medication for a PF reading below _____

Other instructions/orders _____

Physician/Licensed Prescriber Name (Print) _____

Phone number _____ FAX number _____

Signature _____ Date _____

Rochester Community Schools

Section 504 Notice of Procedural Safeguards

The following is a summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities, as well as certain rights you have under other laws. These include the Individuals with Disabilities Education Act (IDEA) and the Family Education Rights and Privacy Act (FERPA). The intent of the law is to keep you informed about decisions concerning your child, to have you be an active participant in the educational planning for your child, and to inform you of your rights in the event you disagree with any decisions concerning your child's rights under Section 504.

You have the right to:

1. Have the Rochester Community Schools advise you of your rights under federal law;
2. Receive notice with respect to: a) Section 504 identification, evaluation, and/or eligibility determinations of your child; b) your procedural safeguards; c) your opportunity to examine relevant records with regard to your child; and d) your right to an impartial due process hearing, including the right to participate, and be represented by legal counsel, but at your own expense, as well as to request a review of the decision of an impartial hearing officer.
3. Have evaluation, educational programming, and placement decisions made based upon a variety of information sources, and by a team of persons who are knowledgeable about the student, the evaluation data, and placement options;
4. Examine education records related to your child, including those concerning the decisions regarding your child's Section 504 identification, evaluation, educational program, and placement;
5. Obtain copies of educational records at a reasonable cost, unless the fee would effectively deny you access to the records;
6. Receive a response from the Rochester Community Schools to reasonable requests for explanations and interpretations of your child's records;
7. Request an amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the Rochester Community Schools refuses this request for amendment, the School District will notify you within a reasonable time and advise you of your right to an impartial hearing;
8. Have your child receive a free appropriate public education, including related services, if he/she is found to be a qualified student with a disability. The services will be without cost to you or your child, except for those fees that are imposed on non-disabled students or their parents or guardians.
9. Have your child take part in, and receive benefits from, the School District's education programs without discrimination because of his/her disabling condition(s);
10. Have your child be educated with non-disabled students to the maximum extent appropriate. This includes the right to have the Rochester Community Schools make reasonable accommodations to allow your child an equal opportunity to participate in school and school related activities;
11. Have your child educated in facilities and receive services comparable to those provided non-disabled students;
12. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the Rochester Community Schools;
13. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the Rochester Community Schools;
14. Request an impartial due process hearing regarding the Section 504 identification, evaluation, eligibility, placement or provision of a Free Appropriate Public Education ("FAPE") for your child.
15. File a complaint in accordance with the Rochester Community Schools' Section 504 grievance procedure.