Authorization for Administration of Reliever Medication and Asthma Standard Health Care Plan

(To be completed by parent/guardian)

School name: _____ **School year:** _____

Student information

Name: _____ Birthdate (Y/M/D): _____

Address: _____

MHSC # (6 digit): _____ PHIN # (9 digit): _____

Parent/guardian information

Parent/guardian: _____ Daytime phone: _____

Parent/guardian: _____ Daytime phone: _____

Emergency contact: _____ Daytime phone: _____

Medical information

Medication	Dose	Medication device
☐ Salbutamol (e.g. Ventolin, Airomir)	☐ 1 puff	☐ Metered dose inhaler (MDI)
☐ Terbutaline (Bricanyl)	☐ 2 puffs	☐ MDI and spacer device with mouthpiece
☐ Symbicort	☐ 1 or 2 puffs	☐ MDI and spacer device with mask
☐ Other _____ **Contact URIS nurse if other is selected.**		☐ Turbuhaler
		☐ Other

Name of prescribing physician: _____

Trigger(s) for asthma (if known): _____

Location of reliever medication: _____

Medications that may be required urgently will be carried by the student or located in a safe, accessible, and unlocked location.

Parent/guardian authorization

I understand that:

- Authorization to administer medication is renewed annually with student registration or upon a change in medication.
- The pharmacy label must be on the medication device.
- The parent is responsible for replacing expired medication as well as the removal and disposal of expired medication.

I hereby request and authorize the school to administer the medication named above to my child as outlined in the attached Asthma Standard Health Care Plan.

Parent/guardian signature: _____ **Date:** _____

The school acknowledges receipt of this form.

School administrator signature: _____ **Date:** _____

Asthma Standard Health Care Plan (SHCP)

The Asthma SHCP is based on the clinical practice guidelines developed by the Unified Referral and Intake System (URIS) in consultation with Children's Allergy and Asthma Education Centre (CAAEC) at Health Sciences Centre. These clinical practice guidelines are available on the URIS website. Unified Referral and Intake System (URIS) | Manitoba Education and Early Childhood Learning (gov.mb.ca)

IF YOU SEE THIS: ➡	**DO THIS:**
Symptoms of asthma ■ Coughing ■ Wheezing ■ Chest tightness ■ Shortness of breath ■ Increase in the rate of breathing, even when the child is resting	1. Move the child away from their triggers, if known. 2. Have the child sit down. 3. Ensure the reliever medication dose is administered as prescribed. 4. Encourage slow deep breathing. 5. Monitor the child for improvement of asthma symptoms. 6. If asthma symptoms do not improve in 10 minutes, ensure reliever medication is administered again and contact the parent/ guardian. 7. If asthma symptoms do not improve in 10 minutes after a second dose of reliever medication has been administered AND the parent/guardian cannot be reached, activate 911/EMS.
Emergency situations ■ Skin pulling in under the ribs ■ Skin being sucked in at the ribs or throat ■ Greyish or bluish colour in lips and nail beds ■ Shoulders held high with tight neck muscles ■ Persistent coughing that does not stop ■ Inability to speak in full sentences ■ Difficulty walking	1. Activate 911/EMS. Delegate this task to another responsible adult. 2. Give two puffs of reliever medication every five minutes. 3. Notify the parent/guardian. 4. Stay with the child.

If you have questions about the medical information on this form, you may contact the URIS nurse for the school or the regional health authority (Unified Referral and Intake System (URIS) | Manitoba Education and Early Childhood Learning (gov.mb.ca)).