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# **Oxford Community Schools ASTHMA** Medical Action Plan (MAP)

Student's Name				
Date of Birth		School		
Age	Grade _		School Year	

Child's picture

School Year \_ 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.

CONTA	CT:	INF	ORN	IATI	ON

	<u>Call I</u>	<u>First</u>			Try Second	ion
Parent/						Ro
Guardian:	Name:			Name:		Route #
DI	Relationship:			Relation	nship:	# ⊊
Phone:	Home:			Home:		
	Cell: Work:			Work:		<u> </u>
Call Third (It	f a parent /guardian cannot b	e reached)		WOIK.		— <u> </u>
	F				Relationship:	
Address:					Phone:	ONLY if needed Medic
		ASTHMA H	ISTOF	RY		needed Medical File
Asthma Tı	riggers- may cause an a	sthma episode at s	school	(circle	all that apply)	le
	Exercise	Animal dander	C	old wea	ather/extreme temperatures	
	Dust/carpet	Grass/pollen	R	espirato	ory illness (colds)	
Food	•	•		•	• , , ,	
F00u		Other				
A Severe All	lergy Medical Action Plan	has also been comp	oleted	for this s	school year. YES NO	
For asthma	my child has/uses the fol	lowing at home:				
	(other than rescue) to co		YES	NO		
A nebulizer	(breathing machine)		YES	NO		
A spacer (at	taches to an inhaler for <b>e</b>	ease of use)	YES	NO		
A Peak Flov	v Meter		YES	NO		
If my child is t	to self-carry a metered dose	inhaler, I will still sup	ply the	e school o	office with a back up inhaler. YES	NO
	yed the attached information			eligibilit	y YES NO	
I wish to be of	contacted regarding a 504	evaluation YES	NO			
T . 1	4 . 6 4 4	1 1	1 2.1			1 '1 19
					eding to know. I understand that n	
					needs in an emergency. I give per	
					ssion for trained staff to help admir arification of orders, if needed.	nister medication
ordered for a	istima and to contact the p	mysician/neensed p	rescrit	ber 101 C1	armeation of orders, if needed.	
-	<b>5</b> (0					
Date	Parent/G	uardian			C:	
					Signature	

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Student Name	Page 2 of 2
Student Ivanie	1 age 2 01 2

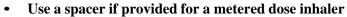
#### Signs of Asthma Attack

- Wheezing (noisy breathing)
- \* Peak flow reading below 80% of personal best

- Shortness of breath
- Difficulty breathing
- Coughing
- Complains of chest tightness or pressure

### **Action**





- 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 upright
- 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

Authorized Physician/Licensed Prescriber Or	der & Agreement with Protocol in this 2 page plan
MedicationRoute	MDI (metered dose inhaler)  Nebulizer (breathing machine)  Dose  Dose
MDI treatment may be repeated in 5 to 10 minutes if no help or	symptoms worse YES NO
Nebulizer instructions_	
Medication is needed 20 minutes before PE/recess/strenuous exe	rcise YES NO
Student can use inhaler correctly, knows when to get adult help, Therefore, in my professional opinion, this student should be all	
Peak Flow readings are to be done at school YES NO Give I	medication for a PF reading below_
Other instructions/orders	
Physician/Licensed Prescriber Name	
Phone numberFAX	Knumber
Signature	Date



## **Notice of Section 504 Procedural Safeguards**

- 1. Have the District advise you of your rights under federal law;
- 2. Receive notice with respect to Section 504 identification, evaluation, educational program and/or placement of your child;
- 3. Have an evaluation, educational and placement decisions made for your child based upon information from a variety of sources and by a team of persons who are knowledgeable about the student, the meaning of evaluation data, and placement options;
- 4. Have your child receive a free appropriate public education, which is the provision of regular or special education and related aids and services that are designed to meet individual educational needs of your child as adequately as the needs of students without disabilities are met, if your child is Section 504 eligible;. If your child is Section 504 eligible, your child also has the right to have the District make reasonable accommodations to allow your child to an equal opportunity to participate in school and school-related activities;
- 5. Have your child be educated with non-disabled students to the maximum extent appropriate, if the child is Section 504 eligible;
- 6. Have your child take part in and receive benefits from the District's education programs without discrimination on the basis of disability;
- 7. Have your child educated in facilities and receive services comparable to those provided to non-disabled students;
- 8. Examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records;
- 9. Receive a response from the District to reasonable requests for explanations and interpretations of your child's records;
- 10. Receive information in your native language and primary mode of communication;
- 11. Have a periodic re-evaluation of your child, including an evaluation before any significant change of placement;
- 12. Have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District;
- 13. Request and participate in an impartial due process hearing regarding the identification, evaluation, or placement of your child, including a right to be represented by counsel in that process and to appeal an adverse decision;
- 14. File a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office for Civil Rights.