Authorization for Self-administration of Reliever Medication for Asthma



(To be completed by parent/guardian)

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

Student information

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

Address: _____

Parent/guardian information

Parent/guardian: _____ Daytime phone: _____

Parent/guardian: _____ Daytime phone: _____

Emergency contact: _____ Daytime phone: _____

Reliever medication

- ☐ Salbutamol (e.g. Ventolin, Airomir)
- ☐ Terbutaline (Bricanyl)
- ☐ Symbicort
- ☐ Other _____

Contact URIS nurse if other is selected.

Parent/guardian authorization

I acknowledge that my child can safely and responsibly carry and self-administer the medication named above during school hours and understand that I am responsible for consequences that may result from lost or misplaced medication.

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

The school acknowledges receipt of this form.

School administrator signature: **Date:** _____

The personal information and personal health information contained on this form will be kept confidential and protected in accordance with Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA). I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA. If you have any questions or concerns about the collection of this information, contact the Access and Privacy Officer at the St. James-Assiniboia School Division, 2574 Portage Avenue, Wpg, MB R3J 0H8, telephone 204-888-7951.

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)).