



Just a reminder!

March, 2018

Dear Parent,

We have noted that your child has asthma or a reactive airway condition.

Please complete the following, and check off when completed:

1. _____ **Asthma History** form even if your child does not need medication at school (parent only).
2. _____ **Authorization for Administration of Medication** form (doctor and parent).
3. _____ If the doctor prescribes an inhaler, please request a spacer (Aerochamber) for school.
4. _____ For any medication prescribed, before you leave the pharmacy check that the dose and time for inhaler to be given *matches* the dose and time on the Medication Authorization form.
5. _____ Return these forms AND medication to the enrollment center by _____.

*******IMPORTANT NOTE*******

The completed forms AND prescribed medication must be received at the enrollment center before your child can attend preschool.

All medication must be in a pharmacy labeled box or in the original box/container (for over-the-counter medication).

Cordially,

Nurse Lisa, Lori and Victoria

Sacramento City Unified School District
Child Development Department

Asthma History Form

Student Name: _____ Date of Birth: _____
Parent(s)/Guardian(s): _____ Preschool: _____

When your child's asthma was first diagnosed? _____
How frequent are your child's asthma attacks?
Daily _____ Weeks _____ Months _____ Seasonally _____ Other _____

How many times has your child been seen in the Emergency Room/Hospitalized for asthma in the past year? _____

How would you rate the Severity of your child's asthma?
(Not Severe) 1 2 3 4 5 6 7 8 9 10 (Severe)

What triggers your child's asthma?

- Exercise
- Colds/Illness
- Pollens
- Temperature change
- Cigarette smoke
- Indoor dust
- Outdoor dust
- Wood smoke
- Carpet
- Strong/chemicals
- Animal (Specify) _____
- Food (Specify) _____
- Other _____

What medication/s does your child take for asthma?

Medication Name	Route given (Nebulizer, Inhaler)	Amount	How Often
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature _____ Date/Phone _____ Nurse Signature _____ Date _____

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

PLEASE NOTE: this form must be completed each school year or more frequently, if necessary.

I. Basic Legal Provision - California Education Code, Section 49423

Notwithstanding the provision of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the name of the medication, method of administration, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

Designated school personnel may administer medication to pupils upon written request of the pupil's parent/guardian and physician **only** when the medication is in the original container.

II. Physician Instructions

Student _____ Age _____ Birth date _____

School _____ Grade _____

TO PHYSICIAN: Please note: Whenever possible, please prescribe medication that can be given outside of the school day. If medication must be administered during school hours, please complete the information below:

MEDICATION(S)	DOSAGE	ROUTE OF ADMINISTRATION	APPROXIMATE TIME OF DAY

Diagnosis or indication for medication _____

Length of time to be taken _____

Precautions or additional instructions _____

- a. For emergency medication, is the student capable of self-administering the necessary treatment/medication?
 Yes No
- b. Will the student need to carry this medication on his/her person? Yes No
- c. Will the student need to self-administer this medication? Yes No

Please note obvious side effects to this particular medication _____

Signature of Physician _____ Address _____

Print/Type Physician's Name _____ Phone _____ Date _____

