Pembina Trails School Division
Accomplish Anything

JLCD-E-11

AUTHORIZATION FOR ADMINISTRATION OF RELIEVER MEDICATION & ASTHMA STANDARD HEALTH CARE PLAN (SHCP)

(TO BE COMPLETED BY THE PARENT/GUARDIAN/CAREGIVER)

School Name: _____ School Year: _____

Student Information

Name: _____ Birthdate: _____ / _____ / _____
Year Month Day

Address: _____

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

Parent/Guardian/Caregiver Information

Parent/Guardian/Caregiver: _____ Daytime phone(s) _____

Parent/Guardian/Caregiver: _____ Daytime phone(s) _____

Emergency contact: _____ Daytime phone(s) _____

Medical Information

Name	Dose	Medication device
❑ Salbutamol (e.g. Ventolin*, Airomir)	❑ 1 puff	❑ Metered dose inhaler (MDI)
❑ Terbutaline (Bricanyl)	❑ 2 puffs	❑ MDI & spacer device with mouthpiece
❑ Symbicort*	❑ 1 or 2 puffs	❑ MDI & spacer device with mask
❑ Other _____ **School to contact URIS nurse if Parent/ Guardian/Caregiver selected "other".**		❑ Turbuhaler
		❑ Other _____

Name of prescribing physician: _____

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

Location of reliever medication: _____

As per school divison policy JLCD-R, page 18, the student shall carry urgently required medication on their person or located in a safe, accessible, and unlocked location.

Parent/Guardian/Caregiver 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/Guardian/Caregiver 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/Caregiver Signature:	Date

The school acknowledges receipt of this form.

School Administrator Signature:	Date

Asthma Standard Health Care Plan

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 rate of breathing while at rest	1. Remove the child from triggers of asthma. 2. Have the child sit down. 3. Ensure the child takes reliever medication (usually blue cap on bottom). 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/caregiver. 7. If asthma symptoms do not improve in 10 minutes after a second dose of reliever medication has been administered AND the parent/guardian/caregiver cannot be reached, activate 911/EMS.
Emergency situations • Skin pulling in under the ribs • Skin being sucked in at the ribs or throat • Greyish/bluish colour in lips and nail beds • Inability to speak in full sentences • Shoulders held high, tight neck muscles • Cannot stop coughing • Difficulty walking	1. Activate 911/EMS. *Delegate this task to another person.* 2. Give two puffs of reliever medication every five minutes. 3. Notify the Parent/Guardian/Caregiver. 4. Stay with the child until EMS personnel arrive.