Dufferin-Peel Catholic District School Board

PLAN OF CARE – PREVALENT MEDICAL CONDITION
ASTHMA

ONCE COMPLETED, THIS FORM ONLY REQUIRES UPDATING IF THE STUDENT'S MEDICAL CONDITION CHANGES.

Student Information

Student Name: _____

Date of Birth: _____

DPCDSB Student Number: _____

Emergency Contact Information:

Name:	Relationship:	Contact Numbers:

Known Asthma Triggers

Chemical	Environmental	Weather	Physical
☐ Strong odours	☐ Pollen	☐ Heat	☐ Exercise and/or Physical Activity
☐ Anaphylaxis	☐ Mold	☐ Cold	☐ Illness (cold or flu)
☐ Other:	☐ Seasonal	☐ Humidity	☐ Allergies
	☐ Smoke	☐ Smog	☐ Other:
	☐ Pets	☐ Wildfire smoke	
	☐ Other:	☐ Other:	

TO BE COMPLETED BY MEDICAL PRACTITIONER OR HEALTH CARE PROVIDER

A **reliever inhaler** is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms listed below. The inhaler should be used in accordance with medical recommendations.

- Trouble breathing
- Coughing
- Wheezing
- Other: _____

Name of Medication: _____

Dosage: _____

Time to administer: _____

Medical Practitioner/ Healthcare Provider Name: _____ Profession/ Role: _____

Signature: _____ Date: _____

ADMINISTRATIVE/PLAN REVIEW

Individuals with whom this Plan of Care is to be shared:

- ☐ Principal or designate
- ☐ Classroom Teacher(s)
- ☐ Student Monitors/Volunteers
- ☐ Food Services Providers
- ☐ Teacher in Charge
- ☐ Planning Time Teacher(s)
- ☐ Occasional Teachers
- ☐ Administrative Assistant(s)
- ☐ Resource Teacher(s)
- ☐ Support Services

Other individuals to be contacted regarding Plan of Care:

☐ PLASP and/or daycare ☐ Transportation ☐ Other: _____

Spacer (valved holding chamber) provided? ☐ Yes ☐ No

☐ Reliever inhaler to be stored in the school office.
☐ This is the primary and only inhaler.
☐ This is the secondary inhaler.

☐ Student to carry their reliever inhaler **at all times** and keep it in their: _____

Parent and Guardian Acknowledgement and Consent

As the parent of: _____, I have been an active participant in supporting the management of my child's medical condition(s) while they are in school.

Teachers and Principals and other school staff are not health professionals and have no more information about the medical condition of my child than what has been provided to them. They are not experts in recognizing the symptoms of my child's medical condition or in treating it.

- ☐ I have educated my child about their medical condition.
- ☐ I have encouraged my child to self-manage and self-advocate.
- ☐ I give consent to share information on signs and/or symptoms with other students (e.g., classmates).
- ☐ I have informed the school of my child's medical condition(s) and will communicate any changes or updates.

This plan remains in effect without change and will be reviewed annually.

It is the responsibility of the parent(s) or guardian(s) to notify the Principal if there is a need to change the Plan of Care.

Parent/ Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Principal Signature: _____ Date: _____