



Authorization for Administration of Reliever Medication & Asthma Standard Health Care Plan (SHCP)
(To be completed by parent/guardian)

Student information

Name: _____

Address: _____

Date of Birth: _____ Manitoba Medical #: _____ 9 Digit PHIN: _____
mmm / dd / yyyy

School: _____ Program/Grade: _____

Parent/Guardian: _____

Phone numbers Cell: ____ - ____ - ____ Home ____ - ____ - ____ Work ____ - ____ - ____

Parent/Guardian: _____

Phone numbers Cell: ____ - ____ - ____ Home ____ - ____ - ____ Work ____ - ____ - ____

Emergency contact: _____ Phone: ____ - ____ - ____

Phone numbers Cell: ____ - ____ - ____ Home ____ - ____ - ____ Work ____ - ____ - ____

Medication information

Name (as indicated on the prescription label): _____

Dose: _____

Name of prescribing Physician: _____

Name of pharmacy: _____

Trigger(s) for asthma: _____

Location of reliever medication: _____

As per school division policy, the student shall carry urgently required medication on their person at all times.

Parent/guardian authorization:

I understand that:


- Authorization to administer medication is renewed annually with student registration or upon a change in medication.
- The parent is responsible for replacing expired medication, as well as for the removal and disposal of expired medication.

I hereby request and authorize the school to administer reliever medication to my child as outlined in the Asthma Standard Health Care Plan.

Signature of parent/guardian: _____ **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 \(gov.mb.ca\)](http://www.uris.mb.ca)

IF YOU SEE THIS: 	DO THIS:
<p><u>Symptoms of asthma</u></p> <ul style="list-style-type: none"> • Coughing • Wheezing • Chest tightness • Shortness of breath • Increase in rate of breathing while at rest 	<ol style="list-style-type: none"> 1. Remove the child from triggers of asthma. 2. Have the child sit down. 3. Ensure the child takes reliever medication (usually blue cap or bottom). 4. Encourage slow deep breathing. 5. Monitor the child for improvement of asthma symptoms. 6. If reliever medication has been given and asthma symptoms do not improve in 5-10 minutes, contact parent/guardian. <i>Reliever medication can be repeated once at this time. If the child is not well enough to remain at the community program, the parent/guardian should come and pick them up.</i> 7. If any of the emergency situations occur (see list below), call 911/EMS.
<p><u>Emergency situations</u></p> <ul style="list-style-type: none"> • Skin pulling in under the ribs • Skin being sucked in at the ribs or throat • Greyish/bluish color in lips and nail beds • Inability to speak in full sentences • Shoulders held high, tight neck muscles • Cannot stop coughing • Difficulty walking 	<ol style="list-style-type: none"> 1. Activate 911/EMS. <i>Delegate this task to another person. Do not leave the child alone.</i> 2. Continue to give reliever medication as prescribed every five minutes. 3. Notify the parent/guardian. 4. Stay with the child until EMS personnel arrive.