

Burnt Hills - Ballston Lake Central Schools

Patrick McGrath, Superintendent of Schools
Pashley Elementary School • 30 Pashley Road • Glenville, NY 12302

Jill Bonacio
Principal



Telephone: 399-9141 ext. 84500
Fax: 518-399-0534

Memo from the Health Office

Dear Parents/Guardian of _____,

As another school year comes to an end and 2013-2014 school year awaits in the distance, I am sending you medication paperwork for the fall. This paperwork will continue to help me get to know your child's specific needs when he/she reenters the doors at Pashley. Please look through the enclosed documents, get them filled out by your child's physician and return to me either over the summer or the first day of school when you bring in the medication. Included are Student Asthma Action Plan and a Medication Administration form. To review the medication procedures in the health office at school, the school nurse will need the following:

1. Written Permission and directions from you physician.
2. Written permission by the Parent/Guardian.
3. The medicine must be in its original, properly labeled container.
4. All medicine must be brought in to school by an adult.

If you would like to drop off the paperwork with the medication before school starts, I will have office hours at the end of summer. Please check the Pashley page on bhbl.org website to see the specific days and times.

If you have any questions, please call me at 399-9141 ext. 84507. After June 21st, I will be regularly checking my email at csafford@bhbl.org.

Thank You,

Connie Safford RN
30 Pashley Road
Glenville, NY 12302
Fax # 399-0534

STUDENT ASTHMA ACTION PLAN

(Completed by Healthcare Provider and Parent)

Student: _____ Grade: _____ Age: _____ DOB: _____

Teacher: _____ Room: _____

Parent/Guardian Name: _____ Phone (home): _____

Address: _____ Phone (work): _____

In case of emergency contact:

- | | | | |
|----|-------|--------------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Relationship | Phone |
| 2. | _____ | _____ | _____ |
| | Name | Relationship | Phone |

Physician Student Sees for Asthma: _____

Preferred Hospital: _____

DAILY ASTHMA MANAGEMENT PLAN:

- Identify triggers which start the student's asthma episode (circle each that applies to student)

exercise	respiratory infections	pollens
food	change in weather	molds
animals	strong odors or fumes	other: _____
chalk dust	carpets in the room	

- List any environmental control measures and/or dietary restrictions that the student needs to prevent an asthma episode:

- Peak Flow Monitoring
Personal Best numbers: _____ Monitoring Times: _____

- Name of Medications/Dose/Time:
 1. _____
 2. _____
 3. _____

- Spacer to be used at school with inhaler(s): _____ YES _____ NO

STUDENT ASTHMA ACTION PLAN (continued) EMERGENCY PLAN

• *Steps to take during an asthma episode:*

1. Give Emergency Asthma Medications (Name/Dose/When to Use):

1. _____
2. _____
3. _____

2. Have student return to classroom if: _____

3. Contact parents if: _____

• *Emergency Situations:*

1.

<i>If You See Any of the Following: Seek Emergency Medical Help Immediately</i>
Student has no improvement 15-20 minutes after initial treatment.
Student has Peak Flow of _____
Student has a hard time breathing: chest and neck pulled in with breathing OR child is hunched over OR child is struggling to breathe.
Student has trouble walking or talking.
Student stops playing and can't start activity again.
Student's lips or fingernails are grey or blue.

2. Call: Dr. _____ at _____

Physician Signature Date

Parent Signature Date

Date form received in health office: _____