**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ **DOB:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Year \_\_\_\_\_\_**

|  |
| --- |
| **Responsibilities and Agreements** |
| **School** | **Family** | **Student** |
| Medication and supplies kept: Clinic Main Office Classroom Student Book Bag Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Provides medication and supplies for school site.Pick-up and replace any expired medicationMed Name/Exp Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Med Name/Exp Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Report any early signs/symptoms of asthma to school staff |
| UAP to administer medication(s) per MDCPS trainings (i.e., review action plan, recognize symptoms, and respond):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Keep school staff informed of any changes in student condition, medication(s), and updated emergency contact informationAny change in the medication regimen requires new medication authorization forms | If applicable, carry asthma medication as directed by the prescribing healthcare provider |
| Administration to contact 911/parent/guardian in case of an emergency | Parent or designated adult, as noted on emergency card, to respond to school when called | Demonstrate competence in use of asthma medication |
| Administration and/or security to direct EMS to the emergency | If applicable, check if student is carrying asthma medication, as directed by the healthcare provider |  |
| CPR Certified Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Pick-up any unused medication at the end of the school year |  |
| Security/Teacher to carry school two-way radio and/or have emergency intercom access |  |  |
| Asthma Action Plan to be available to “need to know” staff |  |  |
| Assign staff to administer medication on field trips, if applicable |  |  |

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 Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/School Administration Designee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Nurse Date