



Florida Department of Health in Miami-Dade School Health Program
Roles and responsibilities: Asthma

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 medication Med 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 information Any 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		

Parent/Guardian Signature

Date

Principal/School Administration Designee

Date

School Nurse

Date