



**TRINITY EVANGELICAL
LUTHERAN CHURCH
AND SCHOOL**
CROWN POINT, INDIANA

*Together we hear, know and feed upon Jesus Christ, God's living
Word, growing in Him and sharing Him to the glory of God.*



Rev. David A. Easterday
Senior Pastor

Rev. David P. Kipp
Associate Pastor

John E. Schultz
School Principal

Paul R. Wendt
Dir. of Christian Education

Karol Ketcher
Music Director

Brandon D. Grelle
Dir. Of Contemp. Worship & Youth

Trinity Lutheran School Asthma Inhalers Contract

So that Trinity Lutheran School may provide the best care for your child, please complete the form below if your child carries inhalers at school and return it to the School Office. Otherwise, keep it for future reference. If any changes occur during the year, please notify the School Office.

Option #1

The student comes to the School Office where the inhaler is kept, and uses it under supervision. The advantage is that the medicine will be used correctly, in the proper amount, and records will be kept. A number of students keep inhalers in the School Office and come before PE or as needed. All medication brought to school must be in its original container, with a signed Doctor and parent note giving the child's name, dose and time for medication to be given.

Option #2

Qualified students will be allowed to carry their inhalers. The advantage is that it is immediately accessible. It is a good idea to have a spare inhaler provided by the parent. It would be kept for them in the School Office should they forget theirs or run out. A Doctor and parent note should also be supplied allowing permission for self-medication (see below). Mrs. Cizmar will write a permission note to show their teachers when they need to use their inhaler. It is important that each student properly secure their inhaler on their person or keep it locked in their locker.

Contract between student, parent, and nurse and doctor

For permission to carry inhalers

1. Student has demonstrated to the nurse or Doctor the correct use of the inhaler.
2. Student agrees to never share the inhaler with another person.
3. Student agrees to carry the inhaler on their person or keep it locked in a locker.
4. Student agrees that after two puffs, if there is not marked improvement, he/she will go to the School Office immediately.

Student signature

- I give permission for my child _____ to carry the inhaler prescribed by his Doctor as listed below.
- I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

Parent's signature _____ Date _____

The back of this form *must* be completed

To the Physician: RE: New Law-Student Self Administration of Medication

Indiana State Senate enrolled ACT No. 376 Section 1.1C 20-8.1-5.1-0.5 is added to the Indiana Code as a new section effective July 1, 2001:Sec. 7.5 (a) reads in subdivision that:

- (A) The student has an acute or chronic disease or medical condition for which the physician has prescribed medication.
- (B) The student has been instructed in how to self-administer the medication, and
- (C) The nature of the disease or medical condition requires emergency administration of the medication.

STUDENT ASTHMA ACTION CARE PLAN

(To be completed by parent)

Student: _____ Birth date: _____

School Year _____

School Name: _____ Grade: _____

EMERGENCY CONTACT

- 1. Name: _____
 - a. Relationship _____
 - b. Home Phone: _____
 - c. Work Phone: _____
 - d. Cell or other: _____

PHYSICIAN FOR ASTHMA: _____

PHONE #S _____

EMERGENCY HEALTH CARE PLAN FOR ASTHMA

(To be completed by parent and physician)

Emergency action is necessary when this student has the following symptoms:

Student has a peak flow reading of _____.

Steps to be taken during an asthma episode:

- 1. Give medication(s) as listed below.
- 2. Student may return to classroom normal activity if _____.

- 3. Call parent emergency contact if _____.

NAME OF MEDICATION DOSE FREQUENCY OF USE

Special instructions: _____

Physician signature _____

Date _____

Parent signature _____

Date _____