

APPENDIX A

Niagara Catholic Student Asthma Management Plan of Care



Personal information on this form is being collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information protection Act (PHIPA). The purpose of this collection is to develop a personalized student Asthma Management Plan of Care. Questions about this collection should be directed to the Superintendent of Education, Safe and Accepting Schools, Niagara Catholic District School Board, 427 Rice Road, Welland, ON L3C 7C1 Telephone (905) 735-0240.

Place Student Photo Here

Name of Student: _____ D.O.B.: _____ (MM/DD/YEAR)

Name of Teacher: _____ Grade: _____

Emergency Contact Information (List in priority of contact) table with columns: Name, Relationship, Daytime Phone, Alternate Phone

Known Asthma Triggers

- Checkboxes for Air Quality, Allergies (specify), Cold/flu, Physical Activities, Pollen, Anaphylaxis (specify allergy), Other (specify)

RELIEVER INHALER

_____ has been diagnosed with asthma and has been prescribed a reliever inhaler. (Name of student)

Instructions/Dosage: _____ Expiry Date: _____

Name of Physician: _____ Phone No. _____

Signature of Physician: _____ Date: _____

PARENT/GUARDIAN CONSENT

I, _____ confirm that my child _____ (Print Name) (Print Name of Student)

is responsible and has permission to carry their reliever inhaler at all times including outdoor activities and field trips.

Please Check One:

- Student will be responsible to carry and administer their own reliever inhaler.
- Student requires assistance to use their reliever inhaler. Make sure it is readily accessibility by teacher/supervisor.

Signature of Parent/Guardian: _____ **Date:** _____