

**REGION 16 SCHOOL DISTRICT**  
BEACON FALLS AND PROSPECT  
Prospect Elementary. Laurel Ledge Elementary  
Long River Middle School. Woodland Regional High School

Dear Parent/Guardian,

Enclosed is Region 16's asthma paperwork. I am sending this to you as it was noted on your child's health form that he/she has asthma or asthma symptoms.

Please complete the forms and have your child's doctor fill out any necessary medication forms before school begins.

Medications must be brought to school by an adult, not the child. I will be at school three days before the start of the school year to accept papers and medications. **In the high school only, students may bring asthma medication to school only after being approved by their doctor and parent and after demonstrating competency to the school nurse.**

If you want to note anything, please use the spaces below. All information is kept confidential.

Thank you, The Region 16 Nursing Staff

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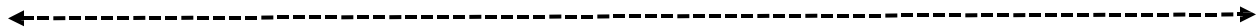
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If your child **doesn't** experience any asthma issues anymore, you and your child's doctor must sign below.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

# Asthma Action Plan

## Student Information

Name of Student: \_\_\_\_\_ D.O.B.:

Grade: \_\_\_\_\_ Teacher/Grade:

Physical Education Days/Times: \_\_\_\_\_

## Emergency Information

Parent/guardian: \_\_\_\_\_

Mother:Home \_\_\_\_\_ Father:Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Asthma Emergency Action

The following are possible signs of an asthma emergency:

- Difficulty breathing, walking or talking...
- Blue or gray discoloration of the lips or fingernails...
- Failure of medication to reduce worsening symptoms.

These signs indicate the need for emergency medical care. The steps that should be taken are:

- Activate the 911 emergency medical system in your area...
- Call parent/guardian or physician.

Triggers: \_\_\_\_\_

Personal best peak flow \_\_\_\_\_

All current medications

Medication	Dosage	Time

Medications to be given at school (if any)

Medication	Dosage	Time

Steps for an acute asthma episode

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_



If medications are to be given during school, a medication permission slip needs to be filled out yearly. Medications must be in the original labeled container. (When you get prescriptions filled you can ask the pharmacist to put them in two containers so you'll have one for school and one for home use.

7. If your child does not respond to medication, what action do you advise school personnel to take? \_\_\_\_\_

8. What, if any, side effects does your child have from his/her medications? \_\_\_\_\_

9. Has your child been taught how to use an extension tube, pulmonary aid, inspirease kit, or other device with his/her inhaler?    Yes    No

10. How many times has your child been hospitalized overnight or longer for asthma in the past year? \_\_\_\_\_

11. How many times has your child been treated in the emergency room for asthma in the past year? \_\_\_\_\_

12. How often does your child see his/her doctor for routine asthma evaluations? \_\_\_\_\_

13. Does your child need any special considerations related to his/her asthma while at school?  
(Check any that apply and describe briefly)

Modified gym class \_\_\_\_\_

Modified recess outdoors \_\_\_\_\_

No animal pets in classroom \_\_\_\_\_

Avoiding certain foods \_\_\_\_\_

Emotional or behavioral concerns \_\_\_\_\_

Special consideration while on field trips \_\_\_\_\_

Special transportation to and from school \_\_\_\_\_

Observation for side effects from medication \_\_\_\_\_

Other \_\_\_\_\_

14. Do you know what your child's peak flow rate is?    Yes    No    Rate \_\_\_\_\_

15. Do you think your child holds back from participating in all school activities due to asthma? If so, please describe \_\_\_\_\_.

16. Have you ever attended an asthma education class?    Yes    No

Has your child had asthma education?    Yes    No