

For Students with Asthma



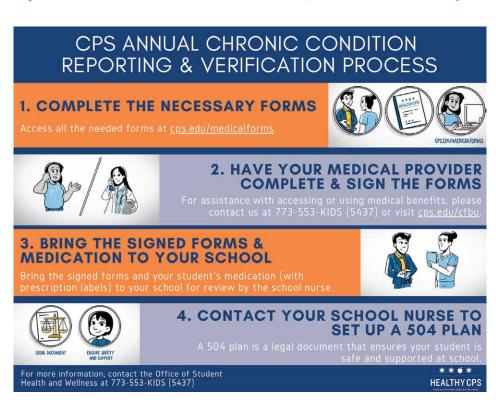
Asthma is the most common chronic illness of childhood. Chicago has an especially high number of children with asthma, and children in some Chicago neighborhoods suffer more than others. All students, including those with asthma, should feel safe and supported at school.

Please use the forms in this packet to tell your school about your child's asthma. The school nurse or clerk may have additional forms to complete. Health forms must be updated each school year. They are reviewed by the school nurse and relevant CPS staff and kept on file for use during the school year.

You must turn in these forms each school year:

- Asthma Action Plan signed by a medical provider.
- Request for Administration or Self-Administration of Medication completed by the parent/guardian and medical provider.
- Original (or clear copy) of asthma medication or pharmacy label with your child's information.

If your child has a chronic health condition, follow these four steps:



- Any student with asthma, food allergies, diabetes, or any other chronic condition can have a Section 504 Plan so they are supported during the school day.
- A 504 Plan provides the needed changes the school must make to help your child succeed in school.
- For more information, contact the Office of Student Health and Wellness at cps.edu/oshw or (773) 553-KIDS (5437).





For Students with Asthma



FREQUENTLY ASKED QUESTIONS ABOUT ASTHMA CARE AT SCHOOL

Why is it important to tell the school about my child's asthma?

- Your child's asthma may flare up at school. Knowing their medical history helps staff know what to do if there is an emergency during the school day.
- · The information lets the school know what medicine your child may need, so staff can be ready to help if necessary.

Are school staff able to help a student manage their asthma?

Yes. School staff complete a training every year on asthma awareness, including how to recognize and handle asthma emergencies.

Can a student self-manage their asthma?

Yes. CPS students are allowed to carry and use their own "quick-relief" or "rescue" asthma medicine if written parent permission and a prescription label and medication is provided to the school.

What is the school's asthma emergency response?

- Schools will follow the steps outlined in your child's Asthma Action Plan and 504 Plan/IEP.
- If the medication is not working or the student's medicine has not been sent to the school, 911 will be called.
 Parents will be called after 911.

What if a student has an asthma attack but has no plan on file?

The school will follow an Emergency Asthma Action Plan and call 911. Parents are notified after calling 911.

Does the student need a Section 504 Plan?

- · A Section 504 Plan must be offered. Speak to your child's school nurse and medical provider to know what is needed.
- A 504 Plan does not mean the student has a disability. The 504 Plan will outline any needed changes a school must make so your student is safe at school.
- If there is no 504 plan, 911 will be called upon recognition of signs and symptoms of an asthma attack.

I would like more information about asthma care in school:

- Read the CPS Asthma Policy at https://policy.cps.edu/download.aspx?ID=1283.
- · Visit the Office of Student Health and Wellness website at http://cps.edu/oshw.
- Talk to your child's school nurse.
- · Contact the Office of Student Health and Wellness at oshw@cps.edu.

| | | | <u> </u> | D E | | | | | | |
|--------------------------|---|------------------------------|--|---|------------------|--|---|---|--------------------|--|
| | Asthma Action P | | Plan | lan Print Form | | Submit by Email | | a traffic light will help nes. Also pay attention to | | |
| | Name | Date of | Birth | Effective D | ate | | Green means GO ZONE | | | |
| | Doctor | | | | Parent/Gua | ardian | | Jse preventive medicine | - | |
| | Doctor's Office Phone Nui | | Parent's Phone | | | | 'ellow means CAUTION 'ONE! Add prescribed | _ | | |
| | Emergency Contact After | | | Contact Ph | one | | ellow zone medicine | | | |
| | Student is able to self me | | | | | | Red means DANGER ZONE! Get help from a doctor —— | - | | |
| | ☐ Yes ☐ No | • | | | | | | | | |
| | GO (GREEN) | | | Use these medicines every day. | | | | | | |
| Υ | ou have ALL of these: | Peak | | Medicine | | How Much | to Take | When to Take | lt | |
| | Breathing is good No cough or wheeze | flow above | | | | | | | | |
| | Sleep through the night | | <u> </u> | | | | | | | |
| • | Can work or play | | <u> </u> | | | | | | | |
| | | | | | | | | | | |
| | | | : | | | For asthma with ex | xercise, take: | | | |
| | | | | | | | | | | |
| C | AUTION (YELL | OW) | : | Contin | ue with | green zone r | medicine a | ind ADD: | | |
| | ou have ANY of these: | •, | : | Medicine | | , | | | | |
| | First sign of a cold Exposure to known trigger Cough | And/or Peak flow from to | | Medicine | | How Much | | When to Take | ll l | |
| | | | First | | | 2 puffs or 1 vial | by nebulizer | Every 4 hours as | needed | |
| | | | Next | Call Doctor improvement | | | | | | |
| | Mild wheeze | | : | | | | | | | |
| | Tight chest | | i IF | IF QUICK RELIEVER/YELLOW ZONE MEDICINI | | | IS NEEDED MORE THAN 2-3 TIMES A WEEK, | | | |
| • | Coughing at night | | : TH | THEN CALL YOUR DOCTOR. | | | | | | |
| DANGER (RED) | | | • | Take these medicines and call your doctor. | | | | | | |
| | our asthma is getting worse fast: | And/or Peak flow below | | Medicine | | How Much | to Take | When to Take | It | |
| | Medicine is not helping | | | | | 2 puffs or 1 vial | l by nebulizer | Immediately - Ca | II Doctor | |
| | within 15-20 minutes | | | | | • | <u> </u> | | | |
| | Breathing is hard and fast Nose opens wide | | <u> </u> | | | | | | | |
| | Ribs show | | \ <u> </u> | | | | | | | |
| | Lips and/or fingernails blue | $\mathcal{L}^{(n)}$ | 🚦 you cann | ot contact your d | octor, go dire | fraid of causing a fuss. You ctly to the emergency roor | | | | |
| | Trouble walking and alking | | care provi | ider within two day | s of an ER visit | or hospitalization. | | | | |
| (| Check all items that trigge | er your asth | hma and th | ings that could | make your a | asthma worse: | cthr | an Tria | dorc | |
| [| Check all items that trigger your asthma and things that could make your asthma w Chalk dust Ozone alert days | | | | | | Foods Asthma Triggers | | | |
| ا ا | ☐ Cigarette Smoke and sed☐ Colds/Flu | cond hand : | moke Pests-rodents and cockroaches Pets-animal dander | | | aches | | | | |
| [| Dust mites, dust, stuffed animals, carpet Plants, flowers, cut grass, pollen | | | | | | | _ | | |
| | Sudden temperature change | | | Strong odors, perfumes,cleaning products | | | | | PIRATORY | |
| | Mold | | ☐ Wood Smoke | | | HEALTH ASSOCIATION | | | | |
| | | | | | | | | | tropolitan Chicago | |
| Doctor's Signature/Stamp | | | | | | | tool from the end to the last | en hutho Dedictic Autor Co | ition of New Jerry | |
| | poctor a signature/stallit | - | | | | Adapi | tea nom the original desi | gn by the Pediatric Asthma Coal | don or new Jersey | |

Adapted from the original design by the Pediatric Asthma Coalition of New Jersey