



Authorization for Administration of Reliever Medication & Asthma Standard Health Care Plan (SHCP)

(To be completed by parent)



School name: _____ School year: _____

Student information

Name: _____ Birthdate: _____ / _____ / _____
Year Month Day

Address: _____

MHSC # (6 digit): _____ PHIN # (9 digit): _____

Parent information

Parent: _____ Daytime phone(s) _____

Parent: _____ Daytime phone(s) _____

Emergency contact: _____ Daytime phone(s) _____

Medical information

| Name | Dose | Medication device |
|--|---------------------------------------|--|
| <input type="checkbox"/> Salbutamol (e.g. Ventolin®, Airomir) | <input type="checkbox"/> 1 puff | <input type="checkbox"/> Metered dose inhaler (MDI) |
| <input type="checkbox"/> Symbicort® | <input type="checkbox"/> 2 puffs | <input type="checkbox"/> MDI & spacer device with mouthpiece |
| <input type="checkbox"/> Other _____ School to contact URIS nurse if parent selected "other". | <input type="checkbox"/> 1 or 2 puffs | <input type="checkbox"/> MDI & spacer device with mask |
| | | <input type="checkbox"/> Turbuhaler |
| | | <input type="checkbox"/> Other |

Name of prescribing physician: _____

Trigger(s) for asthma (if known): _____

Location of reliever medication: _____

As per school policy, the student shall carry urgently required medication on their person.

Parent authorization

I understand that:

- Authorization to administer medication is renewed annually with student registration or upon a change in medication.
- The pharmacy label must be on the medication device.
- The parent is responsible for replacing expired medication as well as the removal and disposal of expired medication.

I hereby request and authorize the school to administer the medication named above to my child as outlined in the attached Asthma Standard Health Care Plan.




Parent signature: _____ **Date:** _____

School administrator signature: _____ **Date:** _____

Asthma Standard Health Care Plan

The Asthma SHCP is based on the clinical practice guidelines developed by the Unified Referral and Intake System (URIS) in consultation with Children's Allergy and Asthma Education Centre (CAAEC) at Health Sciences Centre. These clinical practice guidelines are available on the URIS website. [Unified Referral and Intake System \(URIS\) | Manitoba Education and Early Childhood Learning \(gov.mb.ca\)](#)

| IF YOU SEE THIS:  | DO THIS: |
|---|---|
| <p><u>Symptoms of asthma</u></p> <ul style="list-style-type: none"> • Coughing • Wheezing • Chest tightness • Shortness of breath • Increase in rate of breathing while at rest | <ol style="list-style-type: none"> 1. Remove the child from triggers of asthma. 2. Have the child sit down. 3. Ensure the child takes reliever medication (usually blue cap or bottom). 4. Encourage slow deep breathing. 5. Monitor the child for improvement of asthma symptoms. 6. If reliever medication has been given and asthma symptoms do not improve in 5-10 minutes, contact parent/guardian. <i>Reliever medication can be repeated once at this time. If the child is not well enough to remain at the community program, the parent/guardian should come and pick them up.</i> 7. If any of the emergency situations occur (see list below), call 911/EMS. |
| <p><u>Emergency situations</u></p> <ul style="list-style-type: none"> • Skin pulling in under the ribs • Skin being sucked in at the ribs or throat • Greyish/bluish color in lips and nail beds • Inability to speak in full sentences • Shoulders held high, tight neck muscles • Cannot stop coughing • Difficulty walking | <ol style="list-style-type: none"> 1. Activate 911/EMS. <i>Delegate this task to another person. Do not leave the child alone.</i> 2. Continue to give reliever medication as prescribed every five minutes. 3. Notify the parent/guardian. 4. Stay with the child until EMS personnel arrive. |