

Immaculate Heart of Mary School
580 Ratzel Road, Wayne NJ
Office: 973-694-1225 Fax: 973-872-9043

Dear Parents/Guardians,

Our medical records indicate that your child has Asthma. If your child requires any medication please read the attached paperwork and fill out accordingly. All needed medications must be sent in on the first day of school. Also, be sure to check all expiration dates.

Thank you for your cooperation. Your child's health and safety are my top concern! If you have any questions or require additional information, please contact the school nurse at jlewis@ihmschoolonline.org or call the main office.

Sincerely,

Jennifer Lewis, RN, BSN

Jennifer Lewis, RN, BSN
IHM School Nurse

Asthma Action Plan

Name: _____ Date: ____/____/____

Doctor's Name: _____ Main Emergency Contact: _____

Doctor's Phone Number: _____ Backup Emergency Contact: _____

Green Zone: No coughing, wheezing, chest tightness, or shortness of breath. Can do usual activities.



Every day: Take these medicines, even if you're not having any symptoms. Avoid triggers that you know make your asthma worse.

Medicine	How much to take	When to take

Before you exercise: Take [] 2 or [] 4 Puffs of _____ 5 minutes before you start, as needed.

Yellow Zone: One or more of these symptoms: coughing, wheezing, chest tightness, breathing trouble, waking up at night due to asthma. Or, if you can only do some, but not all, usual activities.



Keep taking your Green Zone medicine and avoiding triggers as usual **AND** take this medicine:

Medicine	How much to take and how often			
(Quick-relief)	<table border="1"> <tr> <td>_____ Puffs Can repeat every ____ minutes, Up to ____ times</td> <td>OR</td> <td>[] Nebulizer: Use it once</td> </tr> </table>	_____ Puffs Can repeat every ____ minutes, Up to ____ times	OR	[] Nebulizer: Use it once
_____ Puffs Can repeat every ____ minutes, Up to ____ times	OR	[] Nebulizer: Use it once		

If you return to the Green Zone after 1 hour, keep monitoring to be sure you stay in the Green Zone.

If you do **not** return to the Green Zone after 1 hour take this medicine:

Medicine	How much to take and how often			
(Quick-relief)	<table border="1"> <tr> <td>_____ Puffs</td> <td>OR</td> <td>[] Nebulizer: Use it once</td> </tr> </table>	_____ Puffs	OR	[] Nebulizer: Use it once
_____ Puffs	OR	[] Nebulizer: Use it once		
AND: (Oral Steroid)	Take _____ mg each day for ____ (3 to 10) days			

Call your doctor (or have someone call) just before you take the oral steroid OR _____ minutes/hours after taking the oral steroid, based on the instructions your doctor gave when the medicine was prescribed.

Jan. 3, 2023

Asthma Action Plan

Name: _____ Date: ____ / ____ / ____

Doctor's Name: _____ Main Emergency Contact: _____

Doctor's Phone Number: _____ Backup Emergency Contact: _____

Red Zone: EMERGENCY! Very short of breath, or quick-relief medicines have not helped, or symptoms are the same or worse after 24 hours in the Yellow Zone. Or, if you cannot do any of your usual activities.

**Severe Symptoms
Emergency**

Take this medicine	How much to take		
(Quick-relief)	_____ Puffs Can repeat every ____ minutes, up to ____ times	OR	[] Nebulizer: Can repeat every ____ minutes, up to ____ times
(Oral steroid)	Take _____ mg.		

After you take your medicine, call your doctor right away!

If you're still in the Red Zone after 15 minutes and have not reached your doctor, go to the hospital or call 911!

If you have these DANGER SIGNS: trouble walking or talking due to shortness of breath or your lips or fingernails are blue, pale, or gray, take _____ puffs of your quick-relief medicine and GO to the hospital or call 911 NOW!

These DANGER SIGNS mean you need help right away. Don't wait to hear back from your doctor.

GO to the hospital or call 911 NOW!

If you use a peak flow meter you can use these scores to determine your current zone:

Your best score	Your green zone	Your yellow zone	Your red zone
_____	_____ or higher (80% of best score)	_____ to _____ (50 to 80% of best score)	_____ or lower (50% of best score)

2023-2024 MANDATORY MEDICATION FORM

ALL MEDICATION (prescription and OTC, including Tylenol and Advil) must be accompanied by written permission from BOTH the PARENT and PHYSICIAN.

- **Prescription medication** must be delivered to the nurse by the parent in the original container, labeled with the student's name, medication, dosage and physician's name.
- **OTC medication** must be delivered to school by the parent in the original sealed container and labeled with the student's name.
- **Written permission** of the student's physician and parent/guardian are required, including the student's name, purpose of the medication, the time (or circumstance) at which the medication should be administered, and the length of time for which the medication is prescribed.

Only those medications which are medically necessary during school hours for a student's wellbeing should be sent to school.

NOTE: THE FIRST DOSE OF ANY MEDICATION MAY NOT BE GIVEN AT SCHOOL.

NAME OF STUDENT _____ DOB _____

NAME OF MEDICATION _____

DOSAGE _____

TIME TO BE GIVEN _____

REASON FOR MEDICATION _____

MEDICATION TO BE GIVEN FROM _____ TO _____
DATE DATE

HOW IT IS TAKEN _____

EXAMPLE: BY MOUTH, INHALER, WITH FOOD, CRUSHED, ETC.

ADDITIONAL COMMENTS _____

PARENT SIGNATURE/DATE

PHYSICIAN SIGNATURE/DATE

TELEPHONE NUMBER

TELEPHONE NUMBER

ADDITIONAL MEDICATIONS

NAME OF STUDENT _____ DOB _____

NAME OF MEDICATION _____

DOSAGE _____

TIME TO BE GIVEN _____

REASON FOR MEDICATION _____

MEDICATION TO BE GIVEN FROM _____ TO _____
DATE DATE

HOW IT IS TAKEN _____
EXAMPLE: BY MOUTH, INHALER, WITH FOOD, CRUSHED, ETC.

ADDITIONAL COMMENTS _____

NAME OF STUDENT _____ DOB _____

NAME OF MEDICATION _____

DOSAGE _____

TIME TO BE GIVEN _____

REASON FOR MEDICATION _____

MEDICATION TO BE GIVEN FROM _____ TO _____
DATE DATE

HOW IT IS TAKEN _____
EXAMPLE: BY MOUTH, INHALER, WITH FOOD, CRUSHED, ETC.

ADDITIONAL COMMENTS _____

PARENT SIGNATURE/DATE

PHYSICIAN SIGNATURE/DATE

TELEPHONE NUMBER

TELEPHONE NUMBER

**2023-2024 PHYSICIAN/PARENT CERTIFICATION FOR
STUDENT'S SELF-ADMINISTRATION OF MEDICATION**

CERTIFICATION TO BE COMPLETED BY PHYSICIAN

STUDENT NAME: _____

DIAGNOSIS: _____

NAME OF MEDICATION: _____

DOSAGE: _____

TIME AND CIRCUMSTANCES OF ADMINISTRATION: _____

POSSIBLE SIDE EFFECTS: _____

I certify that _____ has a potentially life threatening illness
(Student)
which requires the use of _____. I further certify that
(Medication)
_____ is capable and has been instructed in the proper method of
(Student)
self-administration of _____
(Medication)

Signature of Physician Date

PHYSICIAN NAME: _____ TELEPHONE #: _____

CERTIFICATION TO BE COMPLETED BY PARENT

I hereby authorize my son/daughter _____ to self-administer (Name
of Medication) _____ in accordance with special guidelines.

I acknowledge that the school shall incur no liability as a result of any injury arising from the self-
administration of medication by (student name) _____.

I shall indemnify and hold harmless the school, its employees and agents against any and all claims arising
out of the self-administration of (medication) _____ by
(student name) _____.

Parent/Guardian Signature Date

SELF-ADMINISTRATION OF MEDICATION IN SCHOOL

Under N.J.S.A. 18A:40-12.3, self-administration of medication by a pupil for asthma or other potentially
life threatening illness is allowed under guidelines established by the school and provided that the statutory
requirements set forth in this form are complied with.

Any permission for the self-administration of medication is effective for this school year only.

N.J.S.A. 18A:40-12.3 PROVIDES THAT THE SCHOOL SHALL INCUR NO LIABILITY AS A
RESULT OF ANY INJURY ARISING FROM THE SELF-ADMINISTRATION OF MEDICATION BY
A STUDENT.

PERMISSION TO SHARE INFORMATION
2023-2024

As you are aware, everyday each of our students has contact with a variety of staff members; teachers, bus drivers, therapists, assistants, cafeteria workers, and student interns. While your child is in the care of these people, it is important that they are aware of any information that would require special considerations for his or her health and safety.

To comply with privacy laws, I am requesting your permission to share personal information about your child. This would consist of only that information deemed necessary to protect the well-being of your child. Examples of information that could be shared about your child may include; known allergies, special diets or food restriction, and a history of seizures. This may be done in the form of a printed list or verbal contact with those people who will be working closely with your child. If you have specific questions regarding your child, please call me at school. As always, please feel comfortable knowing that any information you do not want shared with anyone will be kept confidential. Thank you.

PLEASE COMPLETE, SIGN BELOW AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL

Child's Name: _____

_____ **Yes, I give permission for personal information about my child to be shared with other staff members if it will protect his/her health and safety.**

_____ **No, I do not give permission for personal information about my child to be shared with other staff members if it will protect his/her health and safety.**

Parent/Guardian Signature

Date

Know Your Asthma Triggers.

Learn how to avoid triggers to control your asthma.

Triggers are things that make your asthma symptoms worse. People with asthma do not all have the same triggers. Avoiding your triggers is one step you can take to help keep your asthma under control. Work with your healthcare provider to check whether any of these things make your asthma worse, then take the related steps below. Check CDC's webpage for other steps you can take: www.cdc.gov/asthma

Outdoor Triggers

Weather
Air Quality
Pollen

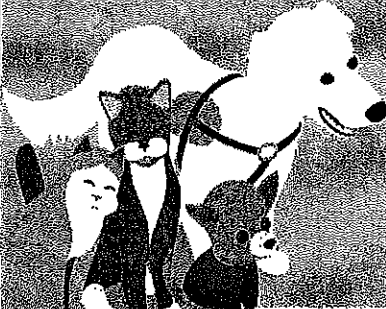


- Pay attention to radio, television, the internet, or newspaper reports about things that might trigger your asthma. These might include reports about weather, air quality, pollen count, or wildfire conditions.
- Plan outdoor activities for when the air quality is best.
- If pollen triggers your asthma, close windows and turn on air conditioning (if possible) when pollen levels are high.
- When there are wildfires, stay away from areas where there is smoke or vapors. Stay indoors, if possible, to avoid smoke or vapors.
- When it is cold, wear a scarf or face mask that covers your nose and mouth to keep airflow as warm as possible.

Indoor Triggers

If you are allergic to dust mites, cockroaches, rodents, indoor mold, or pets, use an air purifier with a high-energy particulate air (HEPA) filter, and use HEPA filters for vacuum cleaners. Keep your home as clean as possible. If you can, ask someone else to clean your home regularly, or wear a dust mask while you clean.

Pets



If you are allergic to your pet, the best way to avoid exposure is to remove the pet from your home and have the house cleaned. If you can't remove the pet:

- Keep the pet out of your bedroom.
- Ask a family member to wash your pet regularly.
- Use allergen-proof pillow and mattress covers.
- Use an air cleaner with HEPA filter.

Note: Pet fur, skin, and saliva trigger some people's asthma.

Dust mites

(tiny bugs that live in dust and fabric)



- Keep relative humidity levels in your home low, around 30%–50%.
- Wash your bedding every week and dry completely.
- Use allergen-proof pillow and mattress covers.

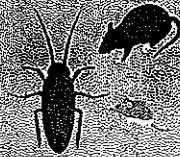
Know Your Asthma Triggers.

Indoor Triggers

Cockroaches

Mice

Rats



- Keep your kitchen clean and store food and garbage in closed containers.
- Don't leave out any standing water or other liquids.
- Seal cracks or openings in cabinets, walls, floorboards, and around plumbing.
- Use traps or poison bait to get rid of roaches, mice, or rats. Keep bait away and out of reach of children and pets. Avoid sprays and foggers.

Mold

Humidity



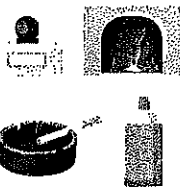
- Fix water leaks as soon as possible and dry damp or wet items within 48 hours.
- Remove all moldy items from your home.
- Use an air conditioner or dehumidifier to keep the air dry in your home. Keep relative humidity levels in your home low, around 30%-50%.
- Empty and clean refrigerator and air conditioner drip pans regularly.
- Use bathroom exhaust fans or open windows when you shower.

Smoke

Sprays

Scents

Disinfectants



- Avoid places where people smoke. If you smoke, ask your healthcare provider how to quit.
- Don't use a wood-burning stove, kerosene heater, or fireplace.
- Avoid perfume, paint, hairspray, and talcum powder.
- Try to stay away when cleaners or disinfectants are being used and right after their use.
- Increase air flow by opening doors and windows and turning on exhaust fans.

Other Common Triggers

Illness



- Contact your healthcare provider if you think you have another health problem that is making it harder for you to breathe. Such problems might include the flu, a cold, acid reflux (heartburn), a sinus infection, severe allergies, or another health concern.

Emotions



- Talk to your healthcare provider if anxiety, stress, or other emotions make your asthma worse.

Notes:
