

(TO BE POSTED ON SCHOOL DISTRICT WEBSITE)

INSTRUCTIONS FOR PARENTS OF STUDENTS WITH ASTHMA AND/OR LIFE-THREATENING ALLERGIES

Students with Asthma and/or Life Threatening Allergies require special written health care plans completed and signed by their health care provider and co-signed by their parent/legal guardian:

- **Students with asthma require an [ASTHMA ACTION PLAN \(AAP\)](#) ([LINK via Virginia Asthma Coalition](#))**. The Asthma Action Plan helps to manage your child's asthma. At school, the Asthma Action Plan tells school staff which medications to use to prevent and/or respond to asthma emergencies.
 - Completed by the child's regular health care provider (Doctor, Nurse Practitioner, Physician's Assistant)
 - Entire form must filled out, dated, signed and given to the school nurse along with needed medications and devices
 - Form is good for entire school year
 - If appropriate for your child, they may self-carry and administer their own asthma medications at school if the School Medication Consent and Health Care Provider Order (bottom right of form) is completed and approved by your child's health care provider and the school

- **Students with life threatening allergies require the [LIFE-THREATENING ALLERGY MANAGEMENT PLAN \(LAMP\)](#) ([LINK](#))**. The Life-Threatening Allergy Management Plan helps to manage your child's life threatening allergic reactions. At school, the Life-Threatening Allergy Management Plan tells school staff what to do to prevent (such as avoiding the child's allergens) and/or respond to life-threatening allergy emergencies.
 - Completed by the child's regular health care provider (Doctor, Nurse Practitioner, Physician's Assistant)
 - Must include up to date weight taken at your child's health care provider's office to ensure correct medication amounts
 - Entire form must filled out, dated, signed and given to the school nurse along with needed medications and devices
 - Form is good for entire school year
 - IF appropriate for your child, they may self-carry and administer their own medication if the Permission to Carry and/or Self-Administer Epinephrine [LAMP FORM PG. 2](#) ([LINK](#)) is completed and approved by your child's health care provider and the school

- ***(INSERT ADDITIONAL REQUIRED FORMS IF NEEDED)***

COMMONLY ASKED QUESTIONS

Which form do I use if my child has both asthma and a life-threatening allergy?

- Children with both asthma and life threatening allergies will require both forms.

Where can I get these forms?

- Both forms can be obtained from your school nurse, the district website or health care provider's office.

How do I get my child's health care provider to fill out these forms?

- Please allow sufficient time for your health care provider to complete these forms for your child.
- Your health care provider may suggest that these forms be completed during a visit to their office.

My child needs medications for asthma and/or life-threatening allergies at school. What do I need to do?

- All medications (i.e. Albuterol, Diphenhydramine and Epinephrine) should be given to the school nurse
- Parents must bring all medications to school
- Please do not send medications in with your child
- We prefer for medications to be brought to school prior to the start of the school year along with the completed form(s) but medications can be brought in at any time
- All medications must be in original containers labeled clearly with your child's identifying information by the pharmacy
- Parents should also provide equipment labeled with your child's identifying information to deliver certain medications, such as a spacer device / nebulizer

Do I also need the [REQUEST FOR ADMINISTRATION OF MEDICATION FORM](#) or [NAME OF FORM \(LINK\)](#) completed?

- No
- If your child has an Asthma Action Plan form and/or a LAMP form they do not need an additional [REQUEST FOR ADMINISTRATION OF MEDICATION FORM](#) or [NAME OF FORM \(LINK\)](#) for asthma/life-threatening allergies related medications
- However, if your child needs other medications for other conditions at school then that form must be completed

If you have any questions and/or concerns, please contact your school nurse or school health services at [\(SCHOOL DISTRICT NUMBER\)](#).