

# Ryan's Law Asthma

## Introduction

This Asthma Protocol addresses the components of Ministry of Education Policy/Program Memorandum 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthmas, Diabetes, and/or Epilepsy) in Schools.

## Rationale for an Asthma Protocol

Uncontrolled asthma may limit children's learning opportunities and can cause many nights of interrupted sleep, several days of limited activity, and disruptions in normal activities of life. All these factors influence how children behave and learn at school.

## What is Asthma?

Asthma is a chronic inflammatory disease of the airways in the lungs. Inflammation in the airways makes the lungs more sensitive to things/substances in our environment termed 'asthma triggers'.

When people with asthma are exposed to their triggers three things may happen that narrow the airways:

- contraction (squeezing) of the airway muscles
- more airway inflammation, and extra mucus production
- narrowing of the airways can cause difficulty breathing, coughing and wheezing (whistle sound)

Sudden narrowing of the airways produce what is often called an 'attack of asthma' or an asthma flare-up.

## Symptoms

- Constant coughing
- Trouble breathing
- Chest tightness (like a tight band around the chest)
- Wheezing (whistling sound in the chest)
- Student may also be restless, irritable and/or tired

The symptoms can be reversed with medication and by reducing exposure to environmental triggers. Not every person will experience all of these symptoms listed. Often a cough may be the only symptom experienced.

## What is an Asthma Trigger?

An asthma trigger is anything in the environment that causes or provokes asthma symptoms (cough, wheeze, difficulty breathing). Common triggers include viral infections (common colds); allergies (animals, house dust mites, dust, pollen, and moulds); fumes (paints, and eligible markers, perfumes, cleaning products and glue); extremes of temperature (cold or hot and humid); exercise; and crying or laughing. Most children with asthma have more than one trigger. However, the triggers and the degree of asthma symptoms differ for each person with asthma.

## Asthma Medication

In general, asthma medications work in one or two ways to control asthma. They work either by controlling or preventing the inflammation and mucous production, or by relieving the muscle tightness around the airways.

### Controller Medication (Flovent, Advair, Qvar, Pulmicort, Alvesco, Zenhale, etc.)

- Used daily, before and after school at home, to prevent asthma attacks
- Decreases and prevents swelling of the airways

- Can take days to weeks of daily use to work effectively
- Various colours (orange, purple, brown, red)

#### **Reliever Medication** (Ventolin/Salbutamol, Bricanyl, etc.)

- Used to relieve symptoms of asthma. Also called the 'rescue' inhaler, usually blue in colour)
- Needs to be quickly accessible at all times
- Provides relief quickly, within minutes
- Relaxes the muscles of the airways
- Taken only when needed

### **Anaphylaxis and Asthma**

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen®).

### **What is Exercise Induced Asthma (EIA)?**

When students participate in physical activity, it is common to switch from breathing through the nose to mouth breathing and to breathe at a much faster rate. This can cause cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. Exercise-induced asthma may present itself during or after physical activity. It is more common when activities are done in cold environments, during high pollen or pollution count days, or when the student has an underlying cold/chest infection. Most cases of exercise-induced asthma can be treated by taking your medication as prescribed by your health care professional. Consult with your doctor if you need to take your reliever before and/or after exercise. For more information about EIA visit [www.lung.ca/asthma/exercise](http://www.lung.ca/asthma/exercise)

### **Duty of Care**

#### **Ryan's Law, 2015 (Ensuring Asthma Friendly Schools)**

<https://www.ontario.ca/laws/statute/15r03>

Requires that every school board establish and maintain an asthma policy, which must include, among other things, strategies to reduce risk of exposure to asthma triggers; a communication plan for the dissemination of information on asthma, regular training on recognizing asthma symptoms and managing asthma exacerbations. It is a requirement that every school principal develop an Plan of Care for each pupil who has asthma; and a requirement that every school principal maintains a file for each pupil.

### **Education Act**

#### **Education Act 265 (1): Duties of Principals**

j) care of pupils and property – to give assiduous attention to the health and comfort of the pupils

#### **Education Act, Regulations: Reg. 298, S20: Duties of Teachers**

g) ensure that all reasonable safety procedures are carried out in course and activities for which the teacher is responsible

## **Common Law Duties Owed by Teachers**

To assist or allow a student to seek medical attention as a careful parent would. The board's liability policy provides coverage for employees acting within the scope of their duties with the board. Best, all school staff who administer first aid to a student who is suffering from an asthma attack within the school or during a school activity, are covered.

## **Communication of Information on Asthma**

The board public webpage offers resources that include information about asthma that can be shared with all parents/guardians, students, employees, volunteers, coaches and other persons who have direct contact with a student with asthma. School administrators are asked to consider these links in school newsletters, on the school website or in other pertinent areas, or in a letter home to all parents/guardians at the beginning of the school year.

This information is intended to assist people in understanding how to reduce exposure to asthma triggers, and how to recognize when asthma is worsening and how to manage asthma symptoms exacerbations.

The school principal/designate shall work with staff and families to help ensure that an asthma friendly school environment exists that is safe and supportive for all students. The Ontario Physical and Health Education Association (Ophea) Manual – Creating Asthma Friendly Schools is a useful resource.

## **Identification**

Have a process in place where children with an asthma condition are identified to the school system by parents/guardians and are requested to supply information on the asthma condition.

- **Students, new to the school, during registration**

Question during intake meeting specifically asking whether or not child is asthmatic (or has any other medical conditions) Asthma Student Plan of Care provided to parent/guardian for further information regarding asthma triggers, etc.

- **Students presently registered at school**

At the beginning of each school year, the school principal/designate shall have a process in place of requesting parent/guardian/adult student to identify if there is a new diagnosis of asthma (throughout the school year)

- **Ensure student's medical condition(s) are entered** into the board's student database system.
- **Principals will ensure the creation/revision** of the Student Plan of Care and keep a copy of any prescriptions

## **Development of Asthma Student Plan of Care**

The parent/guardian in consultation with the principal shall create, review and update the plan of care during September, or on the date as requested by the school administrator.

The plan shall be reviewed by the principal/designate in consultation with the parent/guardian/adult student following the Asthma Protocol, on an annual basis or when there is a change in the child's condition or changes to the prescribed medication. Where appropriate the classroom teacher is to be part of the information sharing process.

The child's asthma triggers are to be identified and avoidance strategies are to be developed and implemented.

## **Location of Inhaler Medication**

- Parent/guardian permission for student to carry their reliever inhaler is located in the Student Plan of Care
- For students that require assistance with their inhaler(s) (i.e. identified on the Asthma

Student Plan of Care) inform and train appropriate staff. Training can be done by parents/guardians of the student, or request the parents contact the child's health care provider for reference to LHIN.

- Students up to 16 years of age who have parental permission and who are capable of doing so, are to carry their reliever inhaler at all times (e.g. to and from school, when moving classroom locations, breaks - recess and noon time, all field trips, evacuation procedures and lockdowns)
- Students in kindergarten: classroom teacher is responsible for housing the reliever inhaler and developing a process for having it accessible for the student at all times.
- Where age, people capacity (intellectual/physical), activity, or location prevents the safe carrying; the reliever inhaler must be located in proximity to the student for ready access (e.g. physical activities - indoor/outdoor)
- Where outdoor seasonal triggers are not present, or do not affect the student's asthma, the reliever inhaler, under parental permission as stated in the Asthma Student Plan of Care, does not have to be carried outside and can remain in the student's classroom.
- Where student has a second or spare reliever inhaler at the school, ensure that it is stored under proper conditions, as per the manufacturer's requirements, and inform teachers/staff who have direct contact with student of its location and identify its location on the Plan of Care.

### **Activity and Students with Asthma**

#### **Medication Prior to Activity**

The Asthma Student Plan of Care must indicate if a student is to take the reliever medication prior to physical activity. Have student use reliever as per doctor's directions.

#### **Asthma Symptoms Prior to Activity**

If the student is already experiencing asthma symptoms such as, coughing or difficulty breathing, they should not participate in physical activity as this can lead to a severe asthma attack. A reliever/rescue inhaler should be used to relieve the symptoms.

#### **Warm up and cool downs**

A good warm up and cool down before and after physical activity may assist in preventing the development of asthma symptoms:

- Before vigorous physical activity, begin your activity with a progressive warm up. The purpose is to warm both the body and the airways in preparation for the activity (e.g. begin by light walking and progress gradually to a jog).
- The intensity of the activity should start at a low level and gradually increase to develop exercise tolerance.
- End your lesson with a cool down period. The purpose is to gradually bring the heart rate down slowly to a resting rate and reduce the chance of asthma symptoms occurring after the exercise.

#### **Asthma symptoms occurring after physical activity begins**

If symptoms occur after physical activity begins, have the student stop the activity. A reliever inhaler may be needed to fully relieve symptoms. Once the student is fully recovered, s/he may resume normal school activity, including physical activity.

A fully recovered student:

- Will breathe at a normal rate.
- Will not be wheezing/coughing.
- Will be able to carry on a conversation without any breaks.

## Identifying and Managing Triggers for Physical Activity

### Outdoor Triggers

- **Cold Air**
  - Some students with asthma may require something to cover their mouth and nose (e.g. a scarf or neck warmer). This can help to add warmth and moisture to cold dry air and potentially reduce the chance of asthma symptoms occurring.
  - Choose well ventilated indoor sites on days with extreme temperatures.
- **Air Quality, Smog**
  - Find out about air quality and smog alerts by checking local weather forecasts. [www.airqualityontario.com](http://www.airqualityontario.com) provides up to date information on daily forecasts.
  - Choose well-ventilated indoor sites on days when the air quality is poor.
- **Pollen, Trees, Leaves**
  - If possible, try to avoid playing on freshly cut grass.
  - Pollen count reports can be found on local weather channels <https://www.theweathernetwork.com/ca>
  - Participate in physical activity outdoors after 10 a.m. if possible when pollen counts are lower.

### Indoor Triggers (Classroom, Gymnasiums, and Multipurpose Rooms)

When activities take place indoors take precautions to minimize or eliminate the following triggers that may cause asthma symptoms: strong smells from markers, paints, cleaning products and perfumes; chalk, dust, and animals.

- If carpet is used, use a throw rug so that it can easily be washed
- Report any mould concerns to your principal
- Remove any animals from classroom
- Ensure a no-perfume policy is in place in your work environment
- Choose scent-free products when possible – e.g. unscented markers, art supplies, etc.
- Use dry-erase boards with scent-free markers more often
- Keep windows closed during high pollen count days

### Indicators that Asthma is NOT in Control

- **Communication to Parent/Guardians of Students with Asthma**
- 

Following the Canadian Thoracic Society – Canadian Respiratory Guidelines for the Management of Asthma 2012.

- **Elementary School Students**

If elementary school staff observe either one or both of the following indicators that the child's asthma is not in control school staff are to inform parent/guardians

Indicators that asthma is not in control:

- Reliever medication had to be taken for a second time (twice) in a 4-hour period.
- Reliever medication had to be used more than 4 times in a week.

- **Secondary school students:**

Due to the nature of secondary school programs the same teacher is not with the student during the whole day to observe indicators. It is the student's responsibility to inform parents of when their reliever inhaler is used. When/if a teacher does observe the indicators, the teacher will remind the student to inform their parent/guardian.

## Instructions for Managing Asthma Attacks

<p><b>Milder Symptoms</b></p>	<p><b>Asthma Emergency:</b> If mild symptoms get worse or do not improve within 5-10 minutes.</p>
<p>If <u>any</u> of the following <b>symptoms</b> occur:</p> <ul style="list-style-type: none"> <li>• Constant coughing</li> <li>• Trouble breathing</li> <li>• Chest tightness (like a tight band around the chest)</li> <li>• Wheezing (whistling in chest)</li> </ul>	<p>if any of these <b>symptoms</b> occur:</p> <ul style="list-style-type: none"> <li>• Breathing is difficult and fast</li> <li>• Cannot speak more than 5 words between breaths</li> <li>• Lips or nail beds are blue or gray</li> <li>• Skin on neck or chest sucked in with each breath</li> <li>• Requests a doctor or ambulance or asks to go to the hospital; <b>OR</b></li> <li>• You have any doubt about the student's condition.</li> </ul>
<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Immediately have the student use/administer reliever inhaler as directed by medical doctor (refer to medication label).</li> <li>• If there is an identifiable trigger, remove the student from the trigger.</li> <li>• Have the student in an upright position e.g. sit up with arms resting on a table.</li> <li>• Advise the student to breathe slowly and deeply.</li> <li>• Do NOT have student breathe into a bag or lie down.</li> <li>• If student fully recovers, participation in activities may resume.</li> </ul>	<p><b>ACTION:</b></p> <p><b>Step 1: Call 911 for an ambulance –</b> Follow 911 communication protocol with emergency responders.</p> <p><b>Step 2: Immediately</b> use reliever inhaler Continue to use reliever inhaler every <b>5-15 minutes</b> until medical help arrives. While waiting for medical help to arrive:</p> <ul style="list-style-type: none"> <li>• Have the person sit up with arms resting on a table (do not have person lie down unless it is a life-threatening allergic event)</li> <li>• Stay calm, reassure the person and stay by their side.</li> <li>• Contact parents/caregivers, as soon as possible.</li> </ul>

**Note:** School administrators consider simulating an asthma emergency, with all staff, similar to a fire drill, to review and check to see that all elements of the school's emergency protocol are in place and everyone knows their role.

### Field Trips and Students with Asthma (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs)

- **Process in place to identify students with asthma** participating on the trip along with their asthma triggers and required medication
- **In order to participate** on a field trip **a student diagnosed with asthma must carry their reliever inhaler at all times** or during physical activities **have the inhaler immediately accessible.**
- **Trip site and activities are to be checked to identify potential allergens.** Where possible a pre-activity inspection of the site and activities by the in-charge teacher to investigate for potential asthma triggers. Common triggers to think about include exposure to animals, mould, strong smells, extremes of heat and cold and strenuous activity.
- **Communicate with the child's parents/guardians** during the initial planning stages of the trip informing them of the destination, mode of travel and activities students are to participate in. This will allow for parent/guardian input in the school developing a clear set of expectations and accommodations to meet their child's medical needs on the trip. Knowing the trip expectations and accommodations the parents will be able to provide an informed decision as to their child's participation. You may consider inviting parent on the trip as a supervisor.

- For overnight, extensive or exchange programs parents **are to be informed** that they must:
  - Provide adequate supply of medications (controller and reliever) and additional required equipment. They may want to include back up (or second) inhalers, in the case of loss.
  - Provide detailed instructions regarding the use of the medications that include the dose and time of day or indications for the use of the medication.
- **Tour operator and/or activity provider**
  - In-charge teacher is to identify the students with asthma and their triggers.
  - Request operator to provide you with their accommodations for students with asthma.
  - Compared tour operator's plans for accommodations with school board expectations for accommodations for one of its students.
  - Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plans wherever there is a higher standard.
  - If trip provider does not have a pre-existing plan for the student's medical condition, develop one of your own based on school board expectations and parent input and provide the operator with a copy.
  - Based on list of accommodations for the student the tour operator must provide:
    - Safe accommodations during travel to destination
    - Safe facilities, safe programming, safe foods at the destination
    - Ready access to a doctor, clinic or hospital at destination site
- **An emergency action plan for asthma** on the trip must be prepared by the in-charge teacher and communicated to all staff and volunteers on the trip.
- **Student forms on the trip** – copy of the student's Asthma Plan of Care along with trip accommodations, where appropriate, are to be taken on the trip.
- **Grouping of student(s)**: student is to assigned to a group with staff member who is knowledgeable about managing and responding to an asthma attack.
- **Buddy system**: In situations where the teacher/supervisor is providing 'in the area supervision' the teacher is to assign a buddy to the student. The 'buddy's' responsibility is to assist the student and to access the teacher supervisors in case of an emergency.
- **A suitable means of communication** (e.g. cell phone) to be taken on the trip and/or an easily accessible phone is available at the site. Ensure that you have the correct and proper change if using payphones.
- **Trip supervisors to meet students** ahead of time who have asthma and provide the following information:
  - Students agree to tell trip supervisor:
    - What triggers their asthma
    - If they anticipate having trouble with their asthma on the trip
    - When their asthma is bothering them
    - Inhalers must be labelled with the student's name
    - Inform trip supervisor/teacher supervisor when you use your inhaler more than twice in a 4-hour period
    - Stress to students that if they have an asthma attack, do not (never) go off alone or remove self to a secluded area, like the washroom. Tell a supervising teacher, volunteer or classmate about having trouble breathing and need help. In order to help, people need to know whereabouts and that help is needed.

**PREVALENT MEDICAL CONDITION — ASTHMA Plan of Care**

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Ontario Ed. # \_\_\_\_\_ Age \_\_\_\_\_  
 Grade \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Student Photo

**EMERGENCY CONTACTS (LIST IN PRIORITY)**

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

**KNOWN ASTHMA TRIGGERS**

CHECK (✓) ALL THOSE THAT APPLY

- |   |  |                                     |  |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Colds/Flu/Illness  | <input type="checkbox"/> Change in Weather     | <input type="checkbox"/> Pet Dander | <input type="checkbox"/> Strong Smells |
| <input type="checkbox"/> Smoke (e.g., tobacco, fire, cannabis, second-hand smoke) | <input type="checkbox"/> Mold                  | <input type="checkbox"/> Dust       | <input type="checkbox"/> Cold Weather  |
| <input type="checkbox"/> Physical Activity/Exercise                               | <input type="checkbox"/> Other (Specify) _____ |                                     |  |

At Risk for Anaphylaxis (Specify Allergen) \_\_\_\_\_

Asthma Trigger Avoidance Instructions: \_\_\_\_\_  
 \_\_\_\_\_

Any Other Medical Condition or Allergy? \_\_\_\_\_  
 \_\_\_\_\_



## DAILY/ ROUTINE ASTHMA MANAGEMENT

### RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).

Other (explain): \_\_\_\_\_

Use reliever inhaler \_\_\_\_\_ in the dose of \_\_\_\_\_  
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided?  Yes  No

Place a (✓) check mark beside the type of reliever inhaler that the student uses:

Airomir  Ventolin  Bricanyl  Other (Specify) \_\_\_\_\_

Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible**.

Reliever inhaler is kept:

With \_\_\_\_\_ – location: \_\_\_\_\_ Other Location: \_\_\_\_\_

In locker # \_\_\_\_\_ Locker Combination: \_\_\_\_\_

Student **will carry** their reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

Pocket

Backpack/fanny Pack

Case/pouch

Other (specify): \_\_\_\_\_

Does student require assistance to **administer** reliever inhaler?  Yes  No

Student's **spare** reliever inhaler is kept:

In main office (specify location): \_\_\_\_\_ Other Location: \_\_\_\_\_

In locker #: \_\_\_\_\_ Locker Combination: \_\_\_\_\_

### CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times: \_\_\_\_\_  
(Name of Medication)

Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times: \_\_\_\_\_  
(Name of Medication)

Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times: \_\_\_\_\_  
(Name of Medication)

## EMERGENCY PROCEDURES

### **IF ANY OF THE FOLLOWING OCCUR:**

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

(\* Student may also be restless, irritable and/or quiet.)

### **TAKE ACTION:**

**STEP 1:** Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

**STEP 2:** Check symptoms. Only return to normal activity when all symptoms are gone.

If symptoms get worse or do not improve within 10 minutes, this is an **EMERGENCY!**

Follow steps below.

### **IF ANY OF THE FOLLOWING OCCUR:**

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath

(\*Student may also be anxious, restless, and/or quiet.)

### **THIS IS AN EMERGENCY:**

**STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER). USE A SPACER IF PROVIDED.**

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

**STEP 2:** If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by his/her side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

### HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: \_\_\_\_\_

Profession/Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

\*This information may remain on file if there are no changes to the student's medical condition.

### PLAN

**This plan remains in effect for the 20\_\_ — 20\_\_ school year without change and will be reviewed on or before:** \_\_\_\_\_ . (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

### PLAN REVIEW

**Where there is no change in the child's condition or treatment strategy from the previous year(s), parents may authorize continuation of the protocol with initials below.**

There has been no change in condition or treatment strategy from previous year. Parent initial: \_\_\_\_\_

Date: \_\_\_\_\_

There has been no change in condition or treatment strategy from previous year. Parent initial: \_\_\_\_\_

Date: \_\_\_\_\_

There has been no change in condition or treatment strategy from previous year. Parent initial: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT FORM  
TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION**

**TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER**

**ADMINISTRATION OF MEDICATION**

In the event of my child \_\_\_\_\_ experiencing a medical emergency, I consent to the administration of \_\_\_\_\_ (specify type of medication) by an employee of the Sudbury Catholic District School Board as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT  
 Student's Name: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_  
 Signature of Parent/Guardian: \_\_\_\_\_  
 Signature of Student (if 18 or older): \_\_\_\_\_

Class/Teachers' Names:  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

**MAINTENANCE OF MEDICATION**

I understand that it is the responsibility of my child \_\_\_\_\_ to carry \_\_\_\_\_ (specify type of medication) on his/her person.

PLEASE PRINT  
 Student's Name: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_  
 Signature of Parent/Guardian: \_\_\_\_\_  
 Signature of Student (if 18 or older): \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_

Class/Teachers' Names:  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Contact #  
 \_\_\_\_\_

## COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

**OPTIONAL:**

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Sudbury Catholic District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

<input type="checkbox"/> Classroom	<input type="checkbox"/> Staffroom	<input type="checkbox"/> Lunchroom
<input type="checkbox"/> Office	<input type="checkbox"/> Gym	<input type="checkbox"/> Learning Commons/Library
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

<input type="checkbox"/> Food Service Providers	<input type="checkbox"/> Child Care Providers
<input type="checkbox"/> School Volunteers in regular direct contact with child	<input type="checkbox"/> Other: _____

Signature of Parent/Guardian: _____	Date: _____
Signature of Student (if 18 or older): _____	Date: _____
Signature of Principal: _____	Date: _____

We release the Sudbury Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to correctly administer the interventions and/or failing to administer any intervention listed in Asthma Management Student Plan of Care.

Signature of Parent/Guardian: _____	Date: _____
Signature of Student (if 18 or older): _____	Date: _____

**PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR**

**This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31,32 and 33 of the Municipal Freedom of Information and Protection of Privacy act, R.S.O. 1990, c. M-56: and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch. A.**  
**If you have any questions regarding your child's personal information, please contact the Principal of your child's school.**

**AT-A-GLANCE Medical Condition IDENTIFICATION**

Student Name	Grade	Medical Condition	Picture (If available)

**MEDICAL INCIDENT RECORD FORM**

Student Name	Time of Incident	Length of Incident	Events before Incident	Description of Incident	Events after Incident	Date/Time Parent/Gaurdian Contacted