



Asthmatic Action Plan

You are receiving this form for one of the following reasons:

- Your Kids' Korner registration packet indicates that your child is treated/ medicated for an asthmatic condition.
- Kids' Korner staff members have treated/ medicated your child for an asthmatic condition in the past.
- Your child has disclosed to us that they are treated/ medicated for an asthmatic condition.
- The school nurse has medication to treat your child's asthmatic condition, but we do not.
- Your child has an asthmatic condition and you have provided Kids' Korner with the medication and Authorization to Administer Medication form.

Kids' Korner requests that you provide our program with your child's medication (s) along with the "Authorization to Administer Medication" form (filled out correctly and completely. It is your choice to provide these items to us.

Please be aware that medication that is within the School Nurse's Office cannot be accessed by our program staff. Also, without the correct "Authorization to Administer Medication" form, we cannot administer any medications.

If medication is not made available to us and your child presents with asthmatic symptoms (coughing, wheezing, tightness in chest, etc.), here is how our staff will proceed. If you have provided Kids' Korner with your child's medication and an "Authorization to Administer Medication" form, the medication will be administered as written on the medication order. Otherwise, this is the following action plan for asthmatic symptoms. This is also the follow up plan for medication children.

- Stop activity completely.
- Sit or stand still.
- Catch breath with one-on-one staff attention.
- Begin water cycles.
- Parent will be called (asked how to proceed, to pick up child, or to bring medication and administer the medication to their child, etc.)
- EMS will be called if symptoms do not subside.

At Kids' Korner, we are not licensed medical professionals. If we do not feel comfortable with the symptoms your child is presenting and feel it is necessary to contact emergency response, we will do so immediately. Our actions will be considered "in good faith." Any information you can provide to us regarding your child's condition and how to address it appropriately would be greatly appreciated by our staff. Please sign and return this sheet to Kids' Korner staff if you agree to the above-written action plan. If you do not agree with this plan, please speak to the site director as soon as possible to devise a more appropriate plan.

I have read and understand the Asthmatic Action Plan and the information presented to me above. If I choose not to provide my child's medication or the Authorization to Administer Medication form to Kids' Korner, I approve the above-written steps they will take in treating my child for their asthmatic condition.

Child's Name: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Site Director Name (Printed): \_\_\_\_\_

Site Director Signature: \_\_\_\_\_

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