## WAYNE COUNTY SCHOOLS MEDICATION ADMINISTRATION BY SCHOOL EMPLOYEES (O.R.C. 3313.713)

[Note: ALL blanks must be filled in]

Student Name	St	Student's School or class		
Name & Strength of the medication		Asthma Actio	on Plan	
		Mild shortness of breath, coughin	g and wheezing:	
Dosage & Route & Time to be adminis	tered	1st dose: 2 puffs of Albuterol inha as directed. Observe for 20 min symptoms have improved.		
Reason for medication		2 <sup>nd</sup> dose: If symptoms are still prorepeat quick relief medication as 20 minutes. Return to class if syr	ordered and observe for	
Date administration is to start & end		3 <sup>rd</sup> dose: If symptoms are still pre minutes after 2 <sup>rd</sup> dose, repeat q ordered and call parent & physic	uick relief medication as	
Adverse reactions to report to the physic	ician & special instructions for	or Administration of medication		
If applicable: This student received ins recommendation that this student carry If applicable: This student received ins recommendation that this student carry	their inhaler on their person struction in the use of the abo	n at all times. Yes No  ove EpiPen by my trained staff or		
Name of Physician	Phone	Date		
Signature of Physician				
physician or pharmacist, clearly labeled. A medication that will be administered during clinic/office or other secure storage area.	ructed by the physician or authorupervision and has had no negation on his/her person during schools at school.  The the school in the original contacts the pharmacist to give you 2 g school hours or school sponsor or prescriber's statement occur, neipal's designee. It is understo	rized healthcare provider with prescrive side effects. If applicable, my cool or school related activities as statement as dispensed by the authorized containers if necessary. Send only red activities. Medications will be a written revised prescriber's statement of that it is the student's responsibility.	criptive authority. My hild may carry his/her ed above. My child and healthcare provider, the amount of cept in the school ment must be submitted	
Signature of Parent/Guardian	Phone (Home/Wo	rk/Cell)	Date	

Date received at school: