



## Asthma Medication Waiver

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

Dear Parent:

Please assure that the steps below have been reviewed with you by EdAdvance staff and that it is consistent with your wishes for care of your child while at he/she is attending the EdAdvance BASES Program and is in agreement with instructions from your child's health care provider. Please note any additional instructions in the sections provided.

I understand that my child has a medical condition that can require the use of asthma medications while he/she is attending the program. This is to inform you that I have chosen **not** to provide the EdAdvance BASES Program with this medication for my child to use during program hours. In the event of a medical emergency the staff will follow the steps for Caring for a Child with Asthma.

\_\_\_\_\_  
(Doctor, APRN, PA Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### Caring for a Child with Asthma

#### **Signs/Symptoms**

The following signs/symptoms may be present when an asthma attack is developing:

- Coughing
- Wheezing
- Chest tightness, shortness of breath
- Increased pulse and respiratory rate
- Pale skin color

Additional Instructions from parent: (please include symptoms/triggers specific to your child)

\_\_\_\_\_  
\_\_\_\_\_

What to do if the child develops symptoms while at the program:

- Help the child stay calm
- Have the child sit in the position that they are most comfortable and rest
- Guide the child in relaxed, controlled breathing
- Call 911 if child's breathing becomes more difficult or he/she is struggling to breathe or unable to speak
- Call the parent to inform of the asthma episode