YOUR ROAD MAP to a SCHOOL MEDICATION FORM for ASTHMA

New York City children with asthma are required to have a Medication Form on file at their school in order to take asthma medicines during the school day. The form is needed in order for school nurses to administer medication and/or for children to carry inhalers for self-administration of prescribed medication. The Medication Form is a two-sided page that comes in a packet of authorization forms for the provision of health services in schools. A photocopy of an original blank Medication Form is acceptable, but both sides must be copied. The following guide is color-coded for parents/guardians in RED, school staff in GREEN and physicians/medical providers in BLUE. Please do your part to ensure that children with asthma get the medications they need.

☐ PARENTS/GUARDIANS fill in top section with information about the child and their school.
☐ Read and complete back of the form (over).
☐ Attach a recent photograph of the student to the form.

![Sample Medication Form]

- **Column 1** - Check off a classification of asthma severity with an asthma diagnosis.
- **Column 2** - Provide specific indications for administration of PRN medications.
- **Column 3** - Write detailed instructions in case of a lack of improvement.
- **Column 4** - Indicate if medication is to be administered under supervision only, if medication can be carried and self-administered (check 2nd box), if BOTH (check both boxes).

☐ Prescribe 2 MDIs and 2 spacers, indicating that one of each is to be kept at school.
☐ Box, bottom left - List other prescribed medications, especially long-term control (anti-inflammatory) meds.
☐ Box, bottom center - Fill in physician’s name and contact information.
☐ Complete an Asthma Action Plan to accompany the Medication Form so families can follow treatment plans and use medications correctly.

*DISCLAIMER: Use of brand name medicines in the sample form is for illustrative purposes only and is not an endorsement by DOHMH of any pharmaceutical company or its products.
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The backside of the Medication Form is filled in by parents/guardians and school staff. If any section on the front or backside of the form is incomplete, the form will not be approved.

☐ PARENTS/GUARDIANS
Read and initial here (if applicable) to authorize student to carry and self-administer asthma medicine during the school day.

☐ PARENTS/GUARDIANS
Read, sign and date here to authorize administration of asthma medicine at school, in accordance with your physician’s orders.

☐ This section for use by SCHOOL STAFF only.

CALL 311 TO REQUEST A SCHOOL MEDICATION FORM OR AN ASTHMA ACTION PLAN.