SCHOOL ASTHMA MANAGEMENT PROGRAM

- #1 cause of missed school days, 14 million/year
- 30,000 asthma attacks per day
- 5000 ER visits per day; 25% of all ER visits
- 1,000 Hospital admissions per day—1/2 are children
- 4,000 deaths per year; 11/day

What is the School Asthma Management Program?
The School Asthma Management Program is a collaborative formed by Our Lady of the Lake Children’s Hospital that involves Health Centers in Schools, working with the EBR School System and community physicians to provide comprehensive, disease specific resources and education to patients with asthma and their families.

How do I get services for my child?
You must provide a signed consent form to your school nurse or school health center. Health Centers in Schools staff is working directly with OLOL Children’s Hospital respiratory therapy staff and community physicians to coordinate care for children in school with asthma.

What services are available to my child and family?
Once you have signed up your child, the school nurse will work with your child to help control asthma and keep them in school. The following are component parts of the program:

| Completion of an asthma encounter form throughout the school year | Interval visits to assess asthma symptoms and control |
| Assistance with managing prescriptions and their use | Communication with your child’s doctor, as needed |
| School personnel following the Asthma Action Plan developed by the MD | Education for your child and family about asthma and how to control it |
| Asthma training for school personnel | Communication between parents, the school, and the PCP/specialist(s) |
| Home environmental surveys, if needed | Services of a free medical-legal partnership, if needed |

Why is this program important to my child and me?
One of the leading reasons for school absences from chronic diseases is asthma. **Asthma is a life-threatening disease and school nurses and staff can help monitor your child’s health at school.** The goal of the program is to help reduce absences from school and to prevent avoidable ER/Hospital visits by alerting you if there is a problem, and by helping your child learn how to control the disease.

**SIGN UP ON THE ATTACHED PARENT/GUARDIAN CONSENT TODAY!**
HEALTH CENTERS IN SCHOOLS AND OLOL CHILDREN’S HOSPITAL
SCHOOL ASTHMA MANAGEMENT PROGRAM

STUDENT NAME ____________________ SCHOOL ______________________________

AGE _______ DOB __________ GRADE LEVEL __________

PARENT/GUARDIAN NAME __________________ PHONE # ___________________

E-MAIL ADDRESS ______________________________________________

HOME ADDRESS _______________________________________________

PARENT/GUARDIAN WORK NUMBER, IF APPLICABLE _________________________

PRIMARY CARE PROVIDER: __________________________ PH# __________

Do you have a pulmonologist or allergist? __________________________________

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<th>SERVICES AVAILABLE—SCHOOL ASTHMA MANAGEMENT PROGRAM</th>
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Consent to participate in the School Asthma Management Program—Our Lady of the Lake Children’s Hospital and Health Centers in Schools is implementing and studying the School Asthma Management Program to see if our combined efforts improve asthma outcomes in children and teens. Please check below if you will allow your child to participate in the School Asthma Management Program.

_________ Check here to allow your child to participate in the School Asthma Management Program.

__________________________  __________________________  _______________
Child’s Name  Your Signature  Date

Questions that I have about my child’s asthma and the medications that he/she takes:

___________________________________________________________

___________________________________________________________

Revised 8/15/17