District School Board of Niagara

ADMINISTRATIVE PROCEDURE

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Date: _____

Name:		Place Student's Photo Here
KNOWN ASTHMA TRIGGEI	RS	
Colds/Flu	Strong Smells	(to be provided by parent)
Physical Activity	Pets	
Hot or Cold Weather	Pollen	
Allergies (specify):		
Anaphylaxis (specify):		
Other (specify):		
Use reliever inhaler(na	<u>-ACTING, USUALLY BLUE)</u> in the me of medication)	dose of Spacer provided? Yes No (# of puffs)
(na Reliever inhaler is used to:	me of medication)	(# of puffs) GING ASTHMA ATTACKS" below)
<i>z</i> .	•	
teacher/supervisor.	e to access and use reliever in ler at all times including outdo	haler. Make sure it is readily accessible by or activities and field trips.
•	(student name vm, outdoor and off-site activit) is responsible for carrying his/her inhaler at ies).
Name of Parent/Guardian: _		Date:
Signature of Parent/Guardian:		Date:

Permission to Post (where applicable) Yes No

Signature of School Administrator:

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✓ Stay calm, reassure the student and stay by his/her side

✓ Notify parent/guardian or emergency contact