

Asthma Medication Refusal Form

Center: _____

Child's Name: _____

Classroom: _____

Date of Birth: _____

Prime Time programs strive to meet the needs of each child we serve, including those with health-related disabilities or special needs. For this reason, and in compliance with Head Start Performance Standards and Health Department and Child Care Licensing regulations, we have a Medication Policy that clearly defines our procedures for administering medication. Our policy requires that if medication is to be given by a staff member at a Prime Time center, documentation of Medication Authorization is required along with the appropriate medication and equipment for administration. This authorization form can be accessed from Health or Family Services staff at your child's center.

A child with "well controlled" asthma is not required to keep medication at his/her center provided that his/her parent or guardian confirms that the child's asthma is well controlled and the parent/guardian elects, by signing the acknowledgement below, not to keep medication onsite. Asthma is considered not to be well managed if your child fits at least one of the criteria below:

- Child exhibits asthma symptoms more than 2 times per week
- Asthma has caused child to wake up at night in the past 6 months
- Child has exhibited symptoms when exercising within the past 6 months
- Parent has missed days of work or child has missed school because of child asthma within the past 6 months
- Child has limited his/her daily activities because of asthma symptoms within the past 6 months
- Child uses asthma "quick relief" medication more than 2 times per week
- Child has had recent (i.e. during the past 4 weeks) or has recurrent need to seek urgent medical care (emergency office visit, urgent care, emergency room visit)
- Child has been hospitalized for asthma in the past 4 weeks
- Child has measured peak flow readings and/or symptoms in the yellow or red zone, if instructed to monitor by provider

I understand the Medication Policy as outlined above and in the Parent Handbook provided by Prime Time. Despite the fact that my child has been diagnosed with asthma (as noted on _____ (Health History, Physical, etc), I confirm that my child's asthma is well-controlled and I authorize my child to attend Prime Time's program without medication on site. If my child's asthma should stop being well controlled, or for any other reason, if he/she should need his/her asthma medication while attending the program, I promise to notify my child's Family Advocate in writing and will bring such medication to the center with my child along with the necessary medication authorization documentation. I authorize Prime Time to call emergency medical services if they should be needed to treat my child.

Parent Signature: _____

Date: _____

Parent Name (Print): _____

Valid for the entire duration of the child's enrollment at Prime Time

Staff Signature: _____