



Parent Handbook Summer 2024

Mission Statement

Reaching Out Connecting Kids

provides a secure, enriching, positive learning environment for growing student leaders.



Dear Parents,

Welcome to Summer ROCK 2024! Thank you for choosing the Rockwall ISD After-School Program to provide a secure, enriching, positive learning environment for your child. Together we will grow student leaders!

ROCK is excited to offer licensed summer on-site childcare program for RISD students **entering** Kindergarten – 5th grade. Summer ROCK located at the Grace Hartman campus 1325 Petaluma Dr. Rockwall 75087. This program is available on a weekly basis from May 28 – August 7, 2024. (Holidays are July 1 -5th and August 8 and 9th.) Parents must have completed the on-line registration. The registration fee is due upon registering. No changes can be made to your registration once it has been submitted and financial payments are non-refundable nor can they be credited to a future week.

Students who can successfully function in a 1:25 teacher/student ratio and toilet independently are eligible to attend. Students should have the following skills to be successful in our program: ability to get off and on the toilet without assistance; undress and redress themselves in regard to toileting; work/play/eat independently while seated at a table for 30 minutes at a time; transition to a different activity and/or location every 30 minutes; stay with their group and ROCK Staff member at all times; keep their hands and feet away from other students and staff; and follow verbal directions successfully.

All staff members have criminal background clearance from RISD and the Department of Family Protective Services. Our ROCK staff members are trained, mature, CPR/First Aid certified and experienced in working with children.

The ROCK children will have the opportunity to learn about topics through our summer curriculum with lots of hands-on, fun learning activities. Please see the Summer ROCK Webpage for more information regarding Field trips. Daily activities will also include board games, playground and gym activities. Occasional onsite activities: Magician; Creature Teacher; scavenger hunts, Kona Ice visits; Spanish lessons, STEM activities, movies and popcorn.

We look forward to spending the summer with your ROCK Stars!

Partnering with you,



Karen Hunter, ROCK Director

Nicholas Burger, Summer Program Director

Program Components

Hours of Operation:

- ROCK summer program hours are 7:00 a.m. - 6:00 p.m. each day from May 28, - August 7, 2024. Holidays on July 1-5 and August 8th and 9th., 2024. We will also be closed on August 8th and 9th to allow for campus preparation for the first day of school on August 12, 2024.

Location: Grace Hartman Elementary School
1325 Petaluma Drive Rockwall, TX 75087

Tuition Payments:

- Tuition payments are processed at 2:00am every Monday for students registered for the following week via Auto-Pay in our EZChildtrack system. Declined payments will result in your child being dropped from attending and wait-listed children will take their place.
- In cases of fraud or lost card, contact Leslie Kropp immediately at 469-698-7042. Primary account holders receive all communication regarding invoices, receipts, declined payments, newsletters, etc. from our office via email. Make sure emails from our office do not go to your spam.
- **Weekly Cost:**
 - \$180 per child/week for full-day attendance
 - \$160 per child/week for current Free/Reduced lunch recipients
- **Registration fee:** \$125 per child (includes a t-shirt, snacks and all field trips)

Medical Information:

- ROCK does not maintain a school nurse or other health professional on staff. We will call 911 for any serious medical emergencies that may occur.
- All immunizations are kept on file at your child's home campus. If your child does not attend a RISD school, you must provide a copy of your child's immunization record. Parents of incoming kindergarten students who did not attend Pre-K in RISD, must also provide a current immunization record.
- If your child does require medication, a ROCK Staff member will administer the medication as directed by the student's physician and a Medication Form must be completed. This form is available from the Site Coordinator or by clicking this link: [DFPS Medication Plan](#). Please indicate all of your child's health needs through the on-line registration (i.e. –allergies requiring Epi-pen administration, asthma inhalers.) We will keep these medications securely stored when not in use.

- For students with life-threatening conditions (i.e. allergies requiring use of an epi-pen; asthma conditions requiring an inhaler) an allergy/asthma action plan form must also be submitted to Summer ROCK on or before the first day of your child's attendance. Samples of these forms are located at the end of this handbook or on these links: [Asthma_SchoolHealthPlan.pdf](#) and/or [Allergy_SchoolHealthPlan.pdf](#). For children with diabetes, please submit the medical plan from your doctor detailing your child's care needs on or before their first day of Summer ROCK.
- If your child becomes ill during ROCK hours, we will contact you immediately. A parent or someone on your child's authorized pick-up list should come to pick-up the child within an hour upon request. A \$15 late fee may be assessed if timely pick up of a sick child does not occur. Our staff will not be able to maintain a prolonged 1:1 student/staff ratio to care for a sick child.
- By state regulation, you must keep your child home until your child is free from all symptoms of illness and fever for at least 24 hours (without fever reducing medication) in order to prevent contagious illness from spreading. All immunization records are kept on file at the child's home campus.

Drop Off/Pick Up Information:

- Parent drop off and pick up is on the north side of the campus near the playground. (Not the front entrance!)
- Summer ROCK Cell number is **214-458-6738**.
- All parents and other authorized pick up persons will have to show a photo ID to the ROCK Staff and/or QR Code before your child will be released until such time as recognition is achieved. This is for the safety of your child.
- If you need to set up your QR Code, please click here and look for the QR Code link: <https://www.rockwallisd.com/Domain/65>
- Parents remain in your car or stand outside of your vehicle. We will escort your child to and from the vehicle.
- Please have your child arrive by 9:00 a.m., as morning snack will be served at that time. On Field trip days, please arrive by 8:00am. You are welcome to pick up your student at any time prior to 6:00 p.m.
- If you are running late to pick up your child, please call the Site Director to let them know your approximate arrival time. If you pick up your child(ren) between 6:00 – 6:15 p.m., you will incur a **\$10.00 late fee** payable with your next week's tuition. If you arrive for pick-up between 6:16 and 6:30 p.m., you will incur a **\$15.00 late fee** payable with your next week's tuition. If you are later than 6:30pm, \$15 late fee will apply for every 30 minutes. These fees are automatically accessed by EZCT and your account will be billed. Excessive late pick up may be cause for dismissal from the program (More than 3). All children should be picked up by 6:00 p.m. Please designate a friend/neighbor who can pick up your child if an emergency prevents you from arriving on time.

- Late fee exceptions may be made for a major traffic accident situation that shuts down the bridges leading to Rockwall.

Discipline:

- We expect to have little discipline problems with the ROCK children because we will be keeping them engaged in learning and fun. However, if misbehavior does occur, please know that our staff will try redirecting their behavior several times before your child will be placed in “think time.” Depending on their age, they may complete a reflection form. See example at the end of this section.
- If a student continues to misbehave after a “think time”, the parent may receive a Disciplinary Action Form or Incident Report depending on the situation. An example is included at the end of this section.
- As ROCK is not staffed for maintaining 1:1 staff to student ratio, if your child becomes severely disruptive during ROCK hours, we will contact you immediately. A parent or someone on your child's authorized pick-up list should come to pick up the child within an hour upon request. This type of situation usually requires a parent conference as well with the ROCK Lead Site Coordinator and/or Director so we can prevent future incidences. Our staff will not be able to maintain a prolonged 1:1 student/staff ratio due to disruptive behavior.
- A student who has continual problems managing their behavior may incur a suspension from attending ROCK or be expelled from the program depending on the circumstances.
- ROCK prohibits bullying and actions which show physical aggression toward others.
- No group consequences for misbehavior of a few students will be given.
- ROCK is a gang-free zone. No student generated “clubs” will be allowed.
- Our staff will be using a “Love and Logic” approach to discipline with all students. Consequences will be logical for poor student choices. For example, if a child is making bad choices in the computer lab, they will have a time-out from computers. More information about Love and Logic discipline is included at the addendum section of this handbook.
- Technology usage procedures are communicated to the students and the Acceptable Use Guidelines for RISD are located here: [ACCEPTABLE USE GUIDELINES](#)
- We prohibit our staff from using any type of humiliation or physical contact in the discipline of a child.
- All cell phones, electronic game devices and toys should be left at home or in your child's backpack during ROCK. ROCK is not responsible or liable for the theft, loss or breakage of any item of this type. Children who bring these types of items out of their backpack during ROCK will result in the Site Director holding onto this item until pick up time.

- ROCK Staff members will also be handing out Praise Reports to students who display “leader” type behavior.



- **ROCK STARS ARE**
- **RESPONSIBLE**
- **OPTIMISTIC**
- **COURAGEOUS**
- **KIND**
- **ARE YOU A BEING ROCK STAR??**

STUDENT NAME _____
 CAMPUS _____
 DATE _____

- 1. What rule did I break? _____
 - 2. What are the consequences of my actions? _____
 - _____
 - 3. Why did I break the rules? _____
 - _____
 - 4. What could I have done differently? _____
 - _____
 - _____
 - _____
 - _____
- Student Signature _____ Parent Signature _____ Site Coordinator Signature _____



ROCK Student Praise Note

Date: _____ Time: _____

Name: _____

Grade: _____

Event: _____

Staff Signature:



RISD After-School Program Disciplinary Action Form

Campus _____ Date _____ Time _____

Student's Name _____ Grade _____

Description of Incident _____

Action Taken by Site Coordinator

____ Conference with Parents Date _____

____ Phone call to parents Date _____

____ Conference w/Lead Site Coordinator Date _____

Consequences

____ Suspended from ROCK for 3 Days

____ If misbehavior continues after suspension, student may be removed from ROCK.

____ Student will be removed from ROCK for the remainder of the school year.

____ Before being enrolled the following year a conference will be held with the Lead Site Coordinator, ROCK Site Coordinator, parent, and child.

____ Student will not be allowed to enroll in the Regular Rock Program or the Summer Rock Program

Parent/Guardian Signature _____ Date _____

ROCK IA/Aide Signature _____ Date _____

Site Coordinator Signature _____ Date _____

Lead Site Coordinator _____ Date _____

Safety and Security:

- The children in ROCK will be supervised at all times by a member of the ROCK staff. We will be using a roster system to check attendance at various times throughout the day. Roll will be checked each time the students transition to a new activity. The outside doors into the school will be locked.
- All ROCK staff members have cleared a criminal background check required for all RISD and DFPS employees. Staff members are not required to have vaccines against croup or TB.

- In case an emergency evacuation is necessary, our Off Site Evacuation Site is the Wilkerson Sanders Memorial Stadium 1215 T L Townsend Dr. Rockwall, 75087. The Emergency Plan that we follow is posted on the Parent Bulletin Board as well as in each staff member's binder.

Food:

- Summer ROCK students must bring a lunch from home. A morning and afternoon snack will be provided. A snack menu will be posted and you may send a special snack with your child if needed due to allergies or dislikes. We discourage students from bringing nut product type foods (i.e. peanut butter) to eat as there are many children allergic to nuts. If your child does bring a nut product, we will provide a separate table for them to eat at and they can bring a friend to sit by them who is NOT allergic to peanuts. We must sanitize tables where nut products are consumed in order to prevent accidental exposure.

Field Trips:

Students will be participating in field trips including swimming at the Aquatic Center. Children will wear a life jacket in the pool unless they pass the lifeguard administered swim test. Each week parents will receive information regarding that week's field trips. All students are expected to attend the Field Trip even if they choose not to participate in the activity. Students cannot remain at Hartman during field trips due to staffing issues.

Contact Information:

- **Summer ROCK Cell Phone: 214-458-6738.**
- **ROCK Office for general questions: 469-698-7032**
- **Financial Questions: 469-698-7042 or email rock@rockwallisd.org**

Parent Questions or Concerns:

For any questions regarding ROCK contact your ROCK Site Coordinator. You can also contact Karen Hunter at 469-698-7140 or e-mail the ROCK Staff at rock@rockwallisd.org with any questions, concerns, suggestions, etc.

If you suspect Child Abuse or Neglect: Please report it to the Texas Department of Family and Protective Services by calling 1-800-252-5400. You can make a confidential report.

If you wish to contact the Department of Family Protective Services (DFPS) who licenses this program, their number is 214-583-4253. The website address is: <http://www.dfps.state.tx.us/>

Parents can review our latest DFPS inspection report, our license and/or the Minimum Standards for Before and After School Age programs at the sign-out area/parent bulletin board.

***EXPECTATIONS**

Parents may expect that:

- Their children are cared for in a supportive and consistent environment.
- They may visit with the Site Director about concerns related to their child or the program.
- They will be informed about any issues of concern that may occur with their child and the Site Director will seek your input in order to improve the situation.
- They will be called if their child becomes ill or is injured during ROCK.
- Mutual respect toward parents and children are promoted by ROCK staff.

Children may expect:

- To have a supportive, positive and consistent environment.
- To use all ROCK equipment, materials and facilities on an equal basis.
- To receive respectful treatment.
- To have fair and logical discipline.
- To receive nurturing care from ROCK Staff Members.

ROCK expects that children will:

- Display responsible conduct.
- Exhibit an attitude of respect toward others.
- Respect and obey the program rules and staff.
- Remain with their group and the ROCK staff at all times.
- Take care of materials and equipment properly.
- Leave cell phone and toys at home or in their backpacks.

ROCK expects that parents will:

- Pay tuition and fees in a timely manner.
- Arrive at ROCK by 8:00am on Field Trip days.
- Pick up their child on time.
- Call the Site Director if they will be running late to pick-up their child.
- Contact the Site Director by calling the ROCK cell phone if their child will not be attending on a scheduled day.
- Cooperate with the Site Coordinator on any issues regarding their child's behavior.
- Promote mutual respect to all ROCK staff.



Grade: _____ Student ID: _____

Allergy School Health Plan

Student Photo

Student _____ Date of birth _____ Weight _____

Emergency Contact/Phone: _____

ALLERGY: (check appropriate) To be completed by Health Care Provider

History of anaphylaxis No Yes

History of asthma No Yes (increased risk for severe reaction)

Latex Type I (anaphylaxis) Type IV (contact dermatitis)

Foods (list):

Insects (list):

Medications (list):

Other (list/describe):

SEVERE Allergy and Anaphylaxis Symptoms

LUNG: short of breath, wheeze, cough
HEART: Pale, blue, weak pulse, dizzy, passing out
THROAT: itching, tightness/closure, hoarseness
MOUTH: Itching, swelling of lips and/or tongue
SKIN: Many hives over body, widespread redness
GUT: Vomiting, diarrhea, cramps
OTHER: anxiety, confusion, agitation, feeling of "doom"/something bad is about to happen

Give epinephrine! Call 911

- Note time epinephrine injected.
- Keep student lying on back. If vomiting or having trouble breathing, roll onto side.
- Repeat epinephrine in 5 minutes if symptoms persist/worsen
- Give additional medications
 - antihistamine
 - Inhaler/bronchodilator
- *DO NOT use other medicine in place of epinephrine

MILD Allergic Reaction Symptoms may include:

Itchy nose, sneezing, itchy mouth
A few hives
Mild nausea or mild stomach discomfort

Stay with student; monitor closely

- Give antihistamine (if prescribed)
- Call parent/school nurse
- If severe symptoms develop USE EPINEPHRINE

MEDICATION/DOSES

Epinephrine, intramuscular (list type): _____ Dose: 0.15mg 0.3mg

If checked, student has extremely severe allergy to _____ Give epinephrine for MILD symptoms.

Inhaler/bronchodilator: _____
(brand/drug) (dose/frequency)

Antihistamine, by mouth:

mild/one symptom after _____ minutes observation _____
(brand/drug) (dose/frequency)

severe reaction, following epinephrine, if able to swallow _____
(brand/drug) (dose)

Self-Administration Texas law permits students to carry and use prescription epinephrine auto-injectors and inhalers at school (Backup medication at school is recommended in case a student forgets or loses their medication.)

This student has been instructed in the proper use of his/her emergency medication, and both the provider and the parent feel the student may carry and self-administer their epinephrine auto-injector inhaler at school.

Student needs supervision or assistance, and should **NOT** carry his/her emergency medication while at school.

(Physician/Provider Signature) (Print Name) (Date) (Phone)



Grade: _____ Student ID: _____

Parent/Guardian and Student

How does your child get home? Parent pick-up Daycare pick-up Walk Drives Bus
 Before/after school programs/extracurricular activities: ROCK Athletics Band Drill Team Cheer
 Other (list): _____
 Yes No I would like for my classmates and/or their parents to be aware of my child's allergy.
Elementary students: Yes No I would like for my child to sit in a Peanut/Nut/Allergen-Aware Zone in the cafeteria.

Student Self-Administration (initial each statement to indicate agreement):

_____ I have been trained in the use of my epinephrine auto-injector inhaler and understand the signs and symptoms for which they are to be given.

_____ I understand it is my responsibility to keep my medication with me during school, school activities and trips.

_____ I will notify an adult **IMMEDIATELY** when epinephrine has been used (teacher, nurse, coach, etc.)

_____ I will not share, leave unattended, or use my medication in a way other than for which it is prescribed.

_____ I will inform the school nurse and my parents if my medication is lost, stolen, damaged or expired.

Student Signature (if self-administering): _____ **Date:** _____

Backup medication provided school? Yes No It is recommended that backup medication be stored with the school in case a student forgets or loses their medication. The school district is not responsible or liable if backup medication is not provided and student is without working medication when medication is needed. ***Your signature gives permission for the nurse to implement this health plan and to contact and receive additional information from your healthcare provider regarding the allergic condition(s) and prescribed medication. Allergy School Health Plan will be shared with school staff with legitimate educational interest.***

 (Parent/Guardian Signature) (Print Name) (Date) (Phone)

This Section for Staff Use Only

Interventions: (check box to indicate activities appropriate for the student)

Select	Staff/Campus Interventions/Activities	Date/Initials
<input type="checkbox"/>	Notify teachers, office staff, coaches/sponsors/extra-curricular; instruct on prevention & avoidance	
<input type="checkbox"/>	Notify cafeteria manager so food allergy alert can be placed on student's meal account	
<input type="checkbox"/>	Provide cafeteria manager completed <i>Special Diet Request</i> form	
<input type="checkbox"/>	Develop emergency response plan for administration of prescribed emergency medication	
<input type="checkbox"/>	Implement latex precautions:	
<input type="checkbox"/>	Assist teacher with classroom allergen safety; encourage allergen-aware class	
<input type="checkbox"/>	Monitor environment and implement restrictions when:	
<input type="checkbox"/>	Collaborate with staff to address issues that may be present during trips or off-campus locations	
<input type="checkbox"/>	Notify lunch monitors/teachers about allergy and allergen-aware seating preference	
<input type="checkbox"/>		
Select	Student Interventions	Date/Initials
<input type="checkbox"/>	Instruct student on medication safety, including methods for assuring correct administration	
<input type="checkbox"/>	Provide/review self-administration training with student who carries their <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> inhaler	
<input type="checkbox"/>	Reinforce/review student's medication self-carry responsibilities	
<input type="checkbox"/>	Encourage the use of medical alert jewelry	
<input type="checkbox"/>	Review/assess student's ability to identify allergen/potential sources and avoidance ability: <input type="checkbox"/> independent <input type="checkbox"/> requires supervision/assistance <input type="checkbox"/> dependent	
<input type="checkbox"/>		

Outcomes: Exposure to known allergens will be avoided at school and student will demonstrate age-appropriate self-care, including ability to identify and avoid allergen(s).

Indicate Staff Trained to Administer Medication
 (skills training checklists on file in campus clinic):

Campus RN signature/initials: _____ / _____ Date: _____ Tel _____



Grade: _____ Student ID: _____
School Asthma Action Plan

Student _____ Date of birth _____ Allergies _____

Emergency Contact/Phone _____

Check all items that trigger or make your asthma worse:

- colds/URI smoke pollen dust Air Quality Index season: Fall, Winter, Spring, Summer *(circle)*
odors/scents/perfumes mold pests exercise stress/emotions gastroesophageal reflux
cold weather foods (list) _____ animals _____ other _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN/HEALTHCARE PROVIDER

Quick Relief Medications	Dose	Frequency	Other instructions

Control Medications (given at home):

Green Zone: Doing Well (no cough, wheeze or other symptoms; can do usual activities)

Take control medications at home daily. Personal best peak flow: _____
 Exercise take 2puffs or 4puffs _____ 5 to 15 minutes before exercise
Measure Peak Flow prior to recess/PE; restrict aerobic activity if peak flow is below _____

Yellow Zone: Getting Worse (cough, wheeze, chest tight, shortness of breath; affecting usual activities)

Add quick relief medication:
 _____ 2puffs or 4puffs every 20 minutes for up to 1 hour
 _____ via nebulizer, may repeat every _____ minutes up to _____ times
 Add school control medication: _____
 Recommendations to limit/avoid the things that make asthma worse:
Limit outdoor exertion when AQI is unhealthy Keep student indoors when AQI is unhealthy
Other: _____

Peak flow: _____ to _____ (50-79% of personal best)

Red Zone: Medical Alert (very short of breath, quick relief medication not helping, cannot do usual activities)

Retractions 3 or more sites; inspiratory/expiratory wheezing to diminished breath sounds; severe dyspnea (speaks in single words/short phrases); SpO2 less than 90% on room air; elevated respiratory rate
Quick relief medication and contact parent promptly:
 _____ 2puffs or 4puffs or 6puffs every _____ minutes up to _____ times
 _____ via nebulizer, may repeat every _____ minutes up to _____ times

CALL 911 IF STUDENT DOES NOT IMPROVE QUICKLY OR HEALTHCARE PROVIDER/PARENTS CANNOT BE REACHED.

Student Self-Administration *Texas law permits students to carry and use prescription inhalers at school*
 (Backup medication at school is recommended in case a student forgets or loses their medication.)
 This student has been instructed in the proper use of his/her asthma medications, and both the provider and the parent feel the student may carry and self-administer their inhaler at school.
 Student is to notify his/her designated school health staff after using inhaler at school.
 Student needs supervision or assistance, and should **NOT** carry his/her inhaler while at school.

 (Physician/Provider Signature) (Print Name) (Date) (Phone)



Grade: _____ Student ID: _____

Parent/Guardian and Student

How does your child get home? Parent pick-up Daycare pick-up Walk Drives Bus# _____
 Before/after school programs/extracurricular activities: ROCK Athletics Band Drill Team
 Cheer Other (list): _____
 Yes No I would like for my classmates and/or their parents to be aware of my child's asthma.

Student Self-Administration (initial each statement to indicate agreement):

_____ I have been trained in the use of my inhaler and understand the signs and symptoms for which it is to be given.
 _____ I understand it is my responsibility to keep my medication with me during school, school activities and trips.
 _____ I will notify an adult **IMMEDIATELY** if I use my inhaler and do not experience relief from my asthma symptoms or if my symptoms worsen (teacher, nurse, coach, etc.)
 _____ I will not share, leave unattended, or use my medication in a way other than for which it is prescribed.
 _____ I will inform the school nurse and my parents if my medication is lost, stolen, damaged or expired.

Student Signature (if self-administering): _____ Date: _____

Backup medication provided school? Yes No Backup medication at school is recommended in case a student forgets or loses their medication. The school district is not responsible or liable if backup medication is not provided and student is without working medication when medication is needed. *Your signature gives permission for the nurse to implement this health plan and to contact and receive additional information from your healthcare provider regarding your child's condition(s) and prescribed medication. Asthma School Health Plan will be shared with school staff with legitimate educational interest.*

Parent/Guardian Signature: _____ **Phone:** _____ **Date** _____

This Section for Staff Use Only

Interventions: (check box to indicate activities appropriate for the student)

Select	Staff/Campus Interventions/Activities	Date/Initials
	Notify teachers, office staff, coaches/sponsors/extra-curricular; provide instruction on treatment, prevention measures and when to seek assistance or activate EMS (911)	
	Develop emergency response plan for administration of prescribed medication	
	Monitor environment and implement restrictions when:	
	Collaborate with staff to address issues that may be present during trips or off-campus, extended outdoor time, cold weather, poor air quality, etc.	
	Collaborate with staff to monitor air quality daily before outside activities	
	Encourage healthy indoor air quality, including minimizing the use of scented items	
Select	Student Interventions	Date/Initials
	Instruct student on medication safety, including methods for assuring correct administration	
	Review/instruct student on proper inhaler technique: <input type="checkbox"/> independent/proper technique observed <input type="checkbox"/> requires supervision/technique instruction <input type="checkbox"/> dependent on adult	
	Instruct student on proper use of: <input type="checkbox"/> spacer <input type="checkbox"/> nebulizer <input type="checkbox"/> peak flow	
	Encourage adequate hydration, including allowing student to carry water bottle	
	Review/assess student's ability to identify and avoid known asthma triggers: <input type="checkbox"/> independent <input type="checkbox"/> requires supervision/assistance <input type="checkbox"/> dependent	
	Allow student to set his/her own pace and self-limit activity	
	Encourage use of spacer; provide education and resources to family to obtain spacer	
	Provide/review self-administration training with student who carries their inhaler	
	Reinforce/review student's medication self-carry responsibilities	

Outcomes: Student will participate at school to the maximum extent possible; will demonstrate compliance with their medical management plan and age- or developmentally-appropriate self-care, including ability to avoid asthma triggers.

Indicate Staff Trained to Administer Medication (skills training checklists on file in campus clinic):

Campus RN signature/initials _____ / **Date:** _____ **Tel** _____