



Illinois State Board of Education

100 West Randolph, Suite 14-300
Chicago, Illinois 60602

UNDESIGNATED ASTHMA MEDICATION REPORTING FORM

REGULATORY SUPPORT AND WELLNESS

Directions: This form must be completed within three (3) calendar days after the administration of any undesignated quick relief asthma medication in accordance with Public Act 100-0726. All completed forms must be e-mailed to asthma@isbe.net.

DISTRICT NAME AND DISTRICT NUMBER	NAME OF SCHOOL
ADDRESS (Street, City, State, Zip Code)	CONTACT PERSON COMPLETING FORM
TELEPHONE (Include Area Code)	CONTACT E-MAIL
DATE OF INCIDENT	TIME OF INCIDENT _____ a.m. _____ p.m.

- Age of individual receiving quick relief asthma medication: _____
- Description of person receiving the medication: **(Check one only)**
 - a. Student
 - b. Staff member
 - c. Visitor
 - d. Other (please specify) _____
- Was there any previously known diagnosis of asthma?
 - a. Yes (If Yes, did the student have an Asthma Action Plan? Yes No
 - b. No
- Symptoms of respiratory distress that were noted: **(Check all that apply)**
 - a. Presence of wheezing (actual or perceived)
 - b. Coughing
 - c. Shortness of breath (actual or perceived)
 - d. Chest tightness (actual or perceived)
 - e. Breathing difficulty
 - f. Other symptoms consistent with asthma. (please specify) _____
- Location of where symptoms developed: **(Check one only)**
 - a. Within school building
 - b. On school grounds
 - c. Other (e.g., school activity location, field trip location, etc.) _____
- Name or drug administered
 - a. Albuterol via multi dose inhaler (MDI)
 - b. Albuterol via nebulizer
 - c. Other (please specify drug and route) _____
- Type of person administering the medication: **(Check one only)**
 - a. Registered Nurse
 - b. Other nurse (LPN, APRN)
 - c. Trained Personnel (as described in P.A. 100-0726)
 - d. Other (please specify) _____
- If student, was the student's health care provider notified?
 - Yes
 - No Parents Refused
- If student, and nurse was not in attendance, was the school nurse notified?
 - Yes Nurse attended
 - No District has no nurse

Comments (do not go beyond space provided):