

ENROLLMENT ADDENDUM ACCOMMODATION PLAN



Date Prepared: _____ Program Year: _____

Program Participant: _____ Program Site: _____

NATURE OF ACCOMMODATION:

INHALER USE FOR TREATMENT OF ASTHMA

ENROLLMENT QUALIFICATION: Enrollment in the program is subject to the signed and dated acceptance of this plan by the participant and parents or legal guardians. If it is determined, at any time, that this agreement must be modified or terminated, the participant's parents or guardians agree to make alternate arrangements as quickly as possible.

ORGANIZATION COMMITMENT:

AFTER SCHOOL is committed to protecting the health and well being of every child in our care. We understand that the treatment of asthma and asthma related conditions at times includes the self-monitoring and administration of an inhaler.

AFTER SCHOOL is subject to licensing regulations that insure the health and safety of all children in our care related to medications and their use in our programs. Therefore, it is our policy that all inhalers will be kept in the possession of the site staff and available to the child on request during the program hours. The inhalers must be labeled and their use communicated in accordance with the Authorization to Administer Medication procedures. Enrollment in the program is subject to the following agreement:

PLAN PROVISIONS REQUIRED OF PARTICIPANT AND/OR PARENTS:

1. Participant has demonstrated to the Staff correct use of the inhaler.
2. Participant agrees to never share the inhaler with another person.
3. Participant agrees that after two puffs, if there is no marked improvement, he/she will report this to the staff immediately.
4. Participant and parent both agree that the inhaler, along with all other medications, will be kept in the possession of the site staff and available on request during program hours.
5. Parent agrees to keep site staff notified of all medication dosages, frequencies, and all changes in condition or treatment through the use of the Authorization to Administer Medication Form.

PLAN ACKNOWLEDGEMENT:

Participant Signature: _____ Date: _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____