



# RANKIN COUNTY SCHOOL DISTRICT SCHOOL ASTHMA HEALTH PLAN 2024-2025

DATE RECEIVED  /  /

## TO BE COMPLETED BY PARENT OR GUARDIAN

Name  Age  Date of Birth   
School  Teacher  Grade   
Emergency Contact Name  Phone   
My student will require medication at school for asthma exacerbation Yes No  
*\*If no, parent/guardian will be contacted for any concerns regarding asthma symptoms*

## TO BE COMPLETED BY PHYSICIAN OR LICENSED PRACTITIONER

1. Indicate severity of student's asthma Mild Moderate Severe  
2. Prescription information (one per sheet)  
Medication  Dose   
Diagnosis  Route   
Times/frequency   
Indication for administration   
Prescriber Name & Title (Print)  Phone   
Physician Signature  Date   
*\*\*\*\* If additional medication is need please use a medication consent form to provide all information.*  
3. Has the student been trained on self administration? Yes No  
4. Is a spacer required? Yes No  
5. Storage: Recommend that the student be allowed to carry all asthma medications  
Recommend that all asthma medications be stored by the school nurse/personnel in the designated medication storage location  
6. Administration: Recommend that student self administer all asthma medications  
Recommend that school nurse/personnel administer asthma medications  
7. Other non - pharmacological interventions required

## TO BE COMPLETED BY THE SCHOOL WITH PARENT/GUARDIAN

### STUDENT/GUARDIAN WILL:

1. Student/guardian agrees to avoid known allergens and asthma triggers.
2. Students will take all prescribed medications and follow up with healthcare provider as appropriate.
3. Alert school staff immediately of any new or worsening asthma symptoms

### SCHOOL WILL:

1. Maintain student safety by removing known allergens as appropriate.
2. Notify the administration if an asthma attack occurs.
3. Administer medications per health plan approved by healthcare provider.
4. Call parent and 911, if needed.

Parent/Guardian - Name (Print)

Parent/Guardian - Signature

School Representative - Name (Print)

School Representative - Signature