

SCHOOL ASTHMA ACTION PLAN

This plan is in accordance with new legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to self-administer asthma medications while at school or school functions with permission from parents and physicians.

(This is to be completed at the beginning of each school year and kept on file with the school nurse or office of the principal.)

Student's Name: _____ Grade: _____ DOB: _____

Teacher's Name: _____ School Year: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Emergency contact: _____
(Name) (Relationship) (Phone)

Physician student sees for asthma: _____ Phone: _____

Other Physician: _____ Phone: _____

SELF-ADMINISTRATION OF ASTHMA MEDICATIONS (Please check one.)

- I have instructed _____ (student's name) in the proper way to use his/her medications. It is my professional opinion that _____ (student's name) should be allowed to carry and self-administer the following medications while on school property or at school-related events.

A. Bronchodilator (quick-relief medication):

Name: _____

Purpose: _____

Dosage: _____

When to use: _____

Can be repeated for severe breathing difficulty _____ times _____ minutes apart.

Call 911 or EMS if minimal or no improvement.

B. Other medications:

Name: _____

Purpose: _____

Dosage: _____

When to use: _____

Additional instructions: _____

These medications are prescribed for the time period _____ until _____.

- It is my professional opinion that _____ (student's name) should **NOT** be allowed to carry and self-administer any of his/her asthma medications while on school property or at school-related events.

Physician's signature: _____ Date: _____

I agree with the recommendations of my child's physician as noted above and have informed my child that he/she may carry his/her asthma medications while on school property or at school-related events.

Parent/Guardian's signature: _____ Date: _____