**SCHOOL YEAR 20\_\_\_\_\_\_- 20\_\_\_\_\_\_ ASTHMA ACTION PLAN Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Care Provider #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency #:911 *OR*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIAGNOSIS:** **Asthma Severity** (*Select one*): Intermittent:Exercise Induced Asthma/Bronchoconstriction

 Persistent: Mild; Moderate; Severe

**RESCUE MEDICATION:** Proventil HFA; Ventolin HFA; Xopenex HFA; ProAir HFA; ProAir RespiClick; Nebulizer

**PREVENTATIVE MEDICATION (*taken at home*):** Inhaler Diskus

 #\_\_\_\_\_\_Inhalations/Puffs \_\_\_\_\_times a day; Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What triggers my asthma:** Smoke Mold Tree/Grass/Weed Pollen Cold/Virus Exercise Seasons Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**(*Circle one*)** Patient ***MAY / MAY NOT***  be allowed to carry and self-administer rescue inhaler.

I authorize health information sharing on my child with relevant school officials and healthcare providers.

*Autorizo a la información de salud compartiendo en mi hijo/hija con las autoridades escolares competentes y profesionales de la salud.*

 **Parent/Guardian Signature Provider Signature**

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