**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

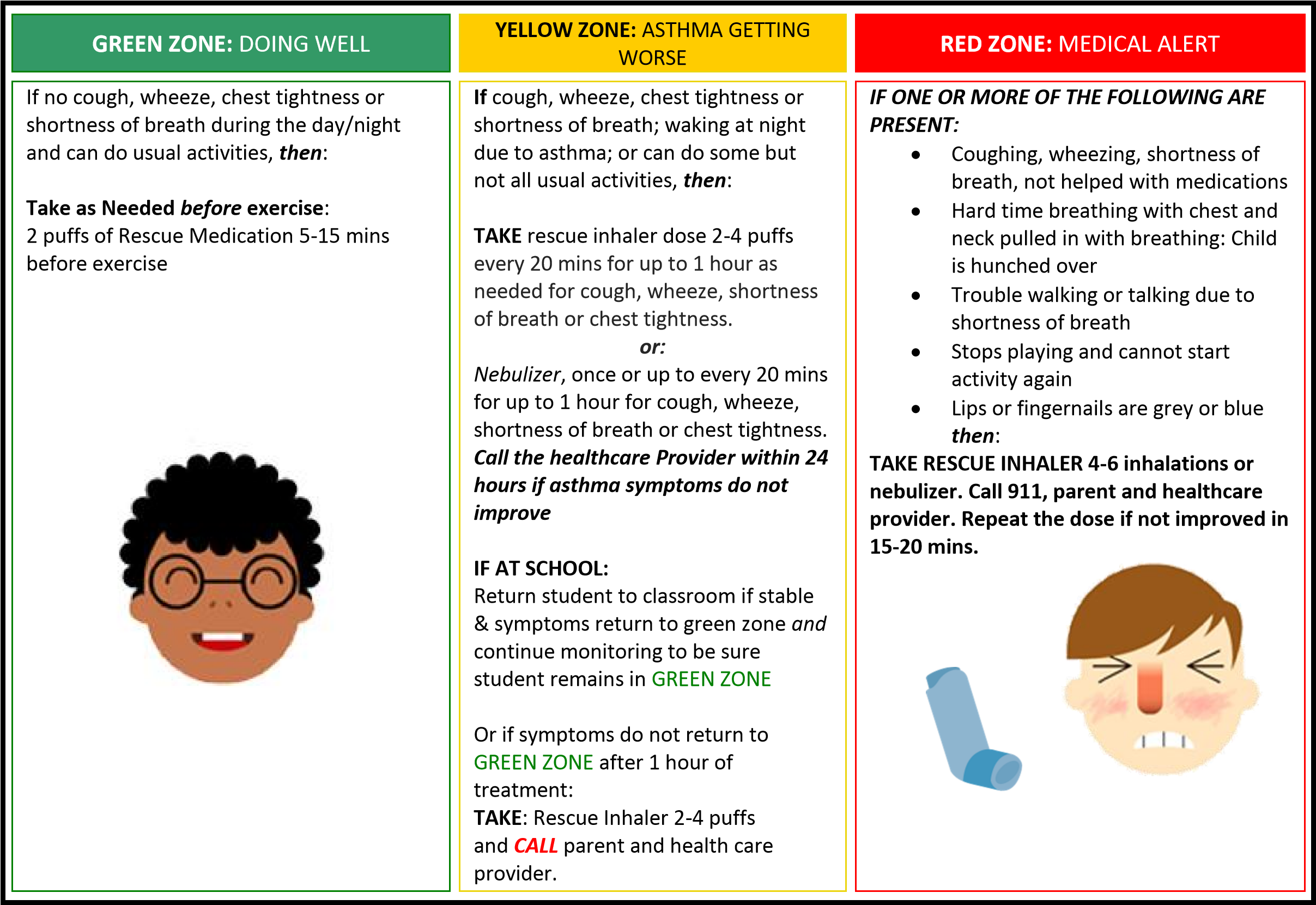
Persistent: Mild; Moderate; Severe

**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**

x x

It is the policy of La Joya ISD not to discriminate on the basis of sex, age, handicap, religion, race, color, or national origin in its educational programs. Es póliza del Distrito Escolar de La Joya el no discriminar por razones con base en sexo, edad, religión, raza, color, origen nacional, ni por discapacidad dentro de sus programas educacionales.