

SCHOOL ASTHMA ACTION PLAN

This plan is in accordance with 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.

(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: _____ School Year: _____

Parent/Guardian

Name: _____ Home phone: _____

Address: _____ Work phone: _____

Emergency Contact

Name Relationship Phone

Physician student sees for asthma: _____ Phone: _____

Other physician: _____ Phone: _____

All Current Medications

Name of Medication	Dosage	Time

Medications to be given at school:

1. Name: _____

Purpose: _____

Dosage: _____

When to use: _____

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

2. Name: _____

Purpose: _____

Dosage: _____

When to use: _____

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

▪ Follow emergency plan if child shows any of the following symptoms:

- Struggling to breathe, hunched over while breathing, chest retracting, trouble walking or talking, stops playing and cannot start activity again, or lips or fingernails turn gray or blue.

EMERGENCY PLAN

- Give rescue medication (bronchodilator) and repeat _____ times _____ minutes apart.
- If there is no or little improvement within 15 minutes after the first treatment call 911.

I have instructed this student the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and self-administer the above medications while on school property or at school-related events:

It is my professional opinion that this student should **NOT** be allowed to carry and/or 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 give the school nurse permission to share this information with the appropriate school personnel.

Parent/Guardian's Signature

Date