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.

(To be completed at the beginning of each school year and kept on file with the school nurse)

Student's Name:			Grade:		DOB:	
Student ID#	Homeroom Teacher's Name:			School Year:	2020	
Parent/Guardian						
Name:			Home phone:			
Address:		Work phone:				
Emergency Contact						
Name		Relationship			Phone	
Physician student sees for asthr	na:			Phone:		
Other physician:				Phone:		
	I OF ASTHMA MEDICATIONS	ne) in the proper wa	y to use his/her	medications. I	It is my professional op	pinion th
	(student's name) should be allowe	ed to carry and self-a	administer the fo	ollowing medica	ations while on school	property
at school-related events:		-		-		
A. Bronchodilator (Quick	-relief medication):					
Name:						
Purpose:						
Dosage:						
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 instruc	tions:					
These medications are prescribe	ed for the time period	until				
				_		
	n that (stu on school property or at school related even		d NOT be allow	ed to carry and	d self-administer any of	t his/her
Physician's Signature					Date	
	ns of my child's physician as noted above a		v shild that he/a			

Parent/Guardian's Signature

on school property or at school-related events.

DAILY TREATMENT PLAN

ASTHMA-PAGE 2

Diacaa liat an	u madiaatiana takan	daily to manage	aathma	including	nebulizer treatments.
Please list any	v medicalions laken	Daily to manage	asinina	111021110111101	neouizer realments

	lame	Purpose	Dosage	When to use
	pations are prescribed for the time pe	riod	until	
These medications are prescribed for the time period		unu	—	
Medical Equ	uipment (Equipment must be prov	vided by the parent)		
Please list ar	ny medical equipment this student wi	ill need to treat his/her	asthma at school (i.e. spacer, nebuliz	zer, oxygen, etc.)
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• •	action is necessary when this studen			
••			т	
Steps to tak	e during an asthma episode:			
-	nergency medications:			
Α.	Bronchodilator (Quick-relief medic	cation):		
	Name:			
	Purpose:			
	Dosage:		When to use:	
	Can be repeated for severe breath	hing difficulty	times minute	0.000tt
	Call be repeated for severe breat			s apan.
	Call 911 or EMS if minimal o			s apan.
				s аран.
В.	Call 911 or EMS if minimal of Other medications:	or no improvement.		
B.	Call 911 or EMS if minimal of Other medications:	or no improvement.		
B.	Call 911 or EMS if minimal of Other medications: Name: Purpose:	or no improvement.		
B.	Call 911 or EMS if minimal of Other medications: Name: Purpose: Dosage:	or no improvement.	When to use:	
В.	Call 911 or EMS if minimal of Other medications: Name: Purpose: Dosage:	or no improvement.		
	Call 911 or EMS if minimal of Other medications: Name: Purpose: Dosage: Additional instructions:	or no improvement.	When to use:	
	Call 911 or EMS if minimal of Other medications: Name: Purpose: Dosage:	or no improvement.	When to use:	
These medic	Call 911 or EMS if minimal of Other medications: Name: Purpose: Dosage: Additional instructions:	riod	When to use:	
These medic	Call 911 or EMS if minimal of Other medications: Name: Purpose: Dosage: Additional instructions: cations are prescribed for the time per mergency medical care if this stud	nriod	When to use: until of the following:	
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⁻ hese medic 2. Seek er •	Call 911 or EMS if minimal of Other medications: Name: Purpose: Dosage: Additional instructions: additional instructions: cations are prescribed for the time per mergency medical care if this stud No improvement 15-20 minutes at Student exhibits:	riod	When to use: until of the following: h medication and a relative cannot be	e reached
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I give permission to my child's school to administer daily and emergency medications as necessary, in accordance with physician's instructions above.