

Highland Park Independent School District Health Services

School Asthma Action Plan

School Year: 20__ - 20__

Student: _____

Grade/Teacher _____

Hospital of Choice: _____

Date of most recent symptoms: _____

Severity	Triggers	Exercise
() mild	() colds () smoke () weather	Any premedication prior to exercise must be indicated on the prescription label. Premedication Necessary: Yes _____ No _____ Medication Dosage When
() moderate	() exercise () dust () air pollution	
() severe	() animals () food	

Daily Control Medication(s) _____ Strength _____ Frequency _____

Rescue Medication(s) _____ Strength _____ Frequency _____

Self Administration of Asthma Medications (this section to be completed by physician)

This Asthma Action 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.

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

Medication

Name: _____

Dosage: _____

When to Use: _____

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

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

Signatures

By signing below, I am in agreement with the information listed on this Asthma Action Plan.

Physician Name: _____ Phone: _____

Physician Signature _____ Date: _____

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

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____