

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
<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> colds <input type="checkbox"/> smoke <input type="checkbox"/> exercise <input type="checkbox"/> dust <input type="checkbox"/> animals <input type="checkbox"/> food	Any premedication prior to exercise must be indicated on the prescription label. Premedication Necessary: Yes _____ No _____ <u>Medication</u> <u>Dosage</u> <u>When</u>
<u>Daily Control Medication(s)</u> <u>Strength</u>		<u>Frequency</u>

<u>Rescue Medication(s)</u>	<u>Strength</u>	<u>Frequency</u>
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Self-Administration of Asthma Medication (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 physician.

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 medication 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.

Signatures

By signing below, I am in agreement with the information listed on this Asthma Action Plan.
 Medications listed on this Asthma Action Plan are prescribed for the time period _____ until _____.

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: _____

