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		
( )mild	( )colds	( )smoke	( )weather
( )moderate	( )exercise	( )dust	( )air pollution
( )severe	( )animals	( )food	

Exercise

Any premedication prior to exercise must be indicated on the prescription label.

Premedication Necessary: Yes _____ No_____

Medication	Dosage	When

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 professsional opinion that he/she should be allowed to carry and self-aminister 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:_____