

Ingram ISD School Asthma Action Plan

This plan is in accordance with new legislation, HB 1688, 2001 Texas Legislature Session. This bill allows students to self administer asthma medication while at school or school function with permission from parents and physicians.

(Complete at the beginning of each school year and kept on file with the school nurse)

Student Name: _____ DOB: _____ Date: _____

School: _____ Grade: _____

Parent / Guardian :

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Emergency Contact: _____

Name	relationship	phone
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Physician student sees for asthma: _____ Phone: _____

Other physician: _____ Phone: _____

Emergency Asthma Medications:

Bronchodilator { quick- relief medication }

Name: **Albuterol MDI**; Purpose: **bronchodilator**; Dosage: **2 puffs** _____

Other Medication: _____

*Inhaler may be repeated for severe breathing difficulty **two times ten minutes apart**.*

Call 911 or EMS if the student has any of the following:

- **Coughs constantly**
- **No improvement 15- 20 minutes after initial treatment**
- **Hard time breathing with:**
 - **Chest and neck pulled in with breathing**
 - **Stooped body posture**
 - **Struggling or gasping**
 - **Trouble walking or talking**
 - **Stops playing and can't start activity again**
 - **Lips or fingernails are grey or blue**

I have instructed _____ {student} in the proper way to use his/her asthma medications. It is my professional opinion that _____ **should** be allowed to carry and use the prescribed medication while at school or school related events.

It is my professional opinion that _____ {student} **should NOT** be allowed to carry and self-administer any of his/her asthma medications while on school property or school related events.

Physician Signature: _____ Date: _____

I understand that this information may be shared with teachers, school cafeteria workers, bus drivers, or other school personnel as necessary for the health and safety of my child.

Parent Signature: _____ Date: _____