

Groveton ISD Asthma Action Plan

Name: _____ DOB: _____ Grade: _____

Parent/ Guardian: _____ Phone: _____

Parent/ Guardian: _____ Phone: _____

Asthma History

(To be filled in by parent/ guardian)

What are the primary triggers of student's asthma episodes?

Exercise Animals Seasonal allergies Respiratory infections

Strong odors, fumes, perfume Other _____

How often does student have asthma episodes?

Less than or equal to 2 days/week More than 2 days/week but less than 1/day

Daily symptoms Continual daytime symptoms and frequent symptoms at night

Does student take any preventative medication at home on a daily basis? If so, please list.

Does student use any emergency or "as needed" medication (inhaler or nebulizer) at home? If so, please list.

Any medication to be used during school hours or activities must have a physician's order. See next page.

Groveton ISD Asthma Action Plan

Student Name: _____

The following section must be completed for ALL asthma medications to be used during school hours or activities. A new form must be completed each school year.

MEDICATION ADMINISTRATION AUTHORIZATION

(To be filled in by physician)

School personnel have permission to administer the following medications as prescribed:

Name of medication	Dosage	Time to be given
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SELF-ADMINISTERED INHALER

(To be filled in by physician)

- I have instructed student in the proper way to use his/her inhaled medication. See STUDENT CONTRACT below. It is my professional opinion that student **should** be allowed to carry and use his/her own inhaled medication. *It is advisable to keep a second inhaler in the school nurse's office.
- It is my professional opinion that this student **should not** be allowed to use his/her own inhaled medication.

Physician's Signature

Printed Name

Date

STUDENT CONTRACT FOR SELF-ADMINISTERED INHALER

(This section must be completed by ALL students who will be carrying an inhaler at school)

- I know how and when to use my inhaler and have discussed this with my doctor.
- I know it is my responsibility to keep my inhaler with me where it is easily accessible in case I need it during school hours, extracurricular activities, and field trips.
- I will notify the school nurse or a responsible school adult if i have used my inhaler and it is not working for me or if my symptoms return before I am suppose to use my inhaler again.
- I will notify the school nurse or my parents if my inhaler is lost, stolen or expired.
- I will not share my inhaler with anyone else.
- I understand that a "back up" inhaler in the nurse's office is advisable.

Student Signature

Date

Parent Signature

Date