

### School Asthma Plan

This plan is in accordance with new legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This Bill allows students to self-administer asthma Medication while at school or school functions with permission from parents and physicians.

(To be completed at the beginning of each year & kept on file with the school nurse or principal)

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_ School Year: \_\_\_\_\_  
Parent. Guardian:  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

Name	Relationship	Phone
Physician student sees for asthma: _____		Phone: _____
Other Physician _____		Phone: _____

#### SELF-ADMINISTRATION OF ASTHMA MEDICATIONS

\_\_\_\_ I have instructed \_\_\_\_\_ (student's name) in the proper way to use his/her medications. 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:

A. Bronchodilator (Quick-relief medication)

Name: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
When to use: \_\_\_\_\_  
Can be repeated for severe breathing difficulty \_\_\_\_\_ times \_\_\_\_\_ minutes apart.  
Call 911 or EMS if minimal or no improvement.

B. Other medication:

Name: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
When to use: \_\_\_\_\_  
Additional instructions: \_\_\_\_\_

These medications are prescribed for the time period \_\_\_\_\_ until \_\_\_\_\_

\_\_\_\_ It is my professional opinion that \_\_\_\_\_ (student's name) should **NOT** be allowed to carry and self-administer any of his/her asthma medication while on school property or at school related events.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date