

# SCHOOL ASTHMA ACTION PLAN FOR LOCKHART ISD

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 medications while at school or school functions with permission from parents and physicians.

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

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Teacher's 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 \_\_\_\_\_ (student's name) should be allowed to carry and self-administer the following medications 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 medications:  
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 medications 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 that he/she may carry his/her asthma medications while on school property or at school-related events.

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

This information will be shared with school personnel as necessary.

