

SCHOOL ASTHMA ACTION PLAN

This plan is in accordance with the legislation passed during the Texas Legislative session. This allows students to self-administer INHALERS while at school or at school functions with permission from parents and physicians. Please have parent and physician fill out and return it to your campus clinic.

Student Name:	Grade:	DOB:
Parent Name:	Cell #	Other #
Asthma Dr. Name:	Phone #:	Fax#:

Include area codes with each number

SELF-ADMINISTRATION OF INHALERS

I have instructed _____, (student's name) in the proper way to use his/her medications. It is my professional opinion that this student should be allowed to carry and self-administer medications while on school property or at school related events.

A. INHALER quick relief medication):

Name of Medication:
Purpose:
Dosage:
Can be repeated _____ times, _____ minutes apart

It is my professional opinion that _____ (student's name), should NOT be allowed to carry and self-administer his/her INHALER while at school or at school related events.

EMERGENCY PLAN

Seek emergency medical care if this student experiences any of the following:

- No improvement 15- 20 minutes after initial treatment with medications and a relative can't be reached
- The student exhibits: Chest and neck pulled in with breathing; stops playing/cannot stand activity; trouble walking/talking; hunched over while breathing; or lips or fingertips turn gray/blue.

Comments/ special instructions:

Physician's Signature	Date
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I agree with the recommendations of my child's physician as noted above and have informed he/she can carry his/her INHALER while on school property or at school events.

Parent's Signature	Date
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PARENT AND STUDENT NEED TO SIGN THE ATTACHED CONTRACT
IF YOU HAVE QUESTIONS, CONTACT TAMMY MOORE R.N. AT (936) 653-1185 OR tmoore@cocisd.org

Contract of understanding for a student who has permission to carry and self-medicate with an INHALER

1. A student who carries an INHALER is responsible for it at all times
2. The INHALER is not kept by the teacher, but the student
3. The student is responsible for having it daily and at all places they travel during the day
4. We strongly suggest that a back up INHALER be kept in the Nurse's office as it has been our experience that few children, no matter their age will have their INHALER at all times
5. Parents understand that we do not monitor the INHALER, nor are we responsible for it
6. The student understands that they must not allow another child to handle, carry or use their INHALER
7. Horse play or use of the INHALER other than the designated reason for using it will result in disciplinary action as allowed per district policy and the Student Code of Conduct

I _____, a student at COCISD understand the above and will follow it.

Student Signature	Date
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I, _____, parent or guardian of the above student understands that my child will maintain the INHALER physically at all times and is responsible for having it available at all times. It will not be the responsibility of the teacher. I understand I have been advised to keep a backup INHALER in the clinic to assure one is available at all times while at school. I also understand my child may be disciplined for misuse of the INHALER.

Parent Signature	Date
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