

**Northside Independent School District-Health Services Department**

**SCHOOL ASTHMA ACTION 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 medications while at school or school functions with permission from parent/guardian and physician.

*(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: \_\_\_\_\_ Campus: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

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

**DAILY TREATMENT PLAN DURING SCHOOL**

Please list any medications taken daily to manage asthma, including PRN Nebulizer treatments and inhalers.

Name	Purpose	Dosage	When to use
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

These medications are prescribed for the time period \_\_\_\_\_ until \_\_\_\_\_  
Rescue inhaler can be repeated for severe breathing difficulty \_\_\_\_\_ times \_\_\_\_\_ minutes apart.

**Medical Equipment**

Please list any medical equipment this student will need to treat his/her asthma at school (i.e. spacer, Nebulizer, O2, etc)

**PHYSICIAN PLEASE INITIAL STATEMENT 1 OR STATEMENT 2**

\_\_\_\_\_  
(Statement 1)

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-administrative any of his/her asthma medications while on school property or at school related events.

\_\_\_\_\_  
(Statement 2)

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.

**EMERGENCY PLAN**

Emergency action is necessary when this student has symptoms such as:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

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

- If no improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
- Student exhibits:
  - o Chest and neck pulled in with breathing
  - o Struggling to breathe
  - o Hunched over while breathing
  - \* Lips or fingernails turn gray or blue
  - \* Stops playing and cannot start activity again
  - \* Trouble walking and talking

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

\_\_\_\_\_  
Date

Dear Parent or Guardian and Student's Physician,

The school district has developed a plan to respond to high concentration of ground-level ozone. The district plan follows the recommendation from Alamo Area Council of Governments. When the ground-level ozone reaches unhealthy levels in the district's geographic area, campuses will be notified of the specific ozone warning level of Orange or Red. In San Antonio, Orange days may occur during late May, June, July, August and early September. Based on the Ozone warning level, certain strenuous outdoor activities, such as physical education and recess, will be curtailed for students with asthma or respiratory and heart problems. Elementary students should be given alternative indoor fun activities for recess.

If you wish to waiver Northside procedure, for having your child stay inside, during Orange Air Quality Alert Days, your child's physician will need to complete and sign the waiver below.

**AIR QUALITY ALERT**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Campus

PHYSICIAN PLEASE INITIAL ONE OF THE STATEMENTS BELOW:

\_\_\_\_\_ During Air Quality Alert Orange Days this student may continue to participate in outdoor activities with no restrictions.

\_\_\_\_\_ During Air Quality Alert Orange Days this student may **NOT** participate in outdoor activities.

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

\_\_\_\_\_  
Date

I agree with the recommendations of my child's physician as noted above and have informed my student that in school he/she may be kept inside the building, on Orange Air Quality Alert Days doing alternative indoor fun activities for recess.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date