



CONROE

INDEPENDENT SCHOOL DISTRICT
Committed to Excellence

School Asthma Action Plan

Student Information

Student's name

Grade _____ School year _____ Date of birth _____

Teacher's name

Parent's/Guardian's name

Parent's/Guardian's address

Parent's/Guardian's home phone

Parent's/Guardian's work phone

Emergency contact name

Emergency contact relationship

Emergency contact phone number

Physician student sees for asthma

Physician's phone number

Other physician

Other physician phone number

Self-Administration of Asthma Medications

Bronchodilator (quick-relief medication)

Name of medication

Purpose of medication

Dosage of medication

When to use medication

Can be repeated for severe breathing difficulty

_____ times _____ minutes apart.

Call 911 or EMS if minimal or no improvement.

Other medication

Name of medication

Purpose of medication

Dosage of medication

When to use medication

Additional instructions

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.

It is my professional opinion that
(student's name) _____
should not be allowed to carry and self-administer the following
medications while on school property or at school-related events.

Physician's signature

Date

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

Parent's signature

Date



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Asthma Daily Treatment Plan

Please list any medications taken daily to manage asthma, including nebulizer treatments.

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

These medications are prescribed for the time period from _____ until _____

Medical Equipment.

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

Steps to take during an asthma episode.

1. Give emergency medications

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.

Other medications

Name _____	Purpose _____
Dosage _____	When to use _____

Additional instructions _____

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

- No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
- Student exhibits:

Chest and neck pulled in with breathing	Struggling to breathe	Stops playing and cannot start activity again
Hunched over while breathing	Trouble walking or talking	Lips or fingernails turn gray or blue

Comments or special instructions _____

Physician's signature _____

Date _____

I give permission to my child's school to administer daily and emergency medications as necessary, in accordance with the physician's instructions above.

Parent's/Guardian's signature _____

Date _____

ASTHMA QUESTIONNAIRE

Student Name _____ Birthdate _____

Teacher _____ Grade _____

Dear Parent/Guardian,

Please complete the following questions about your child's asthma and return to the school nurse. This information will help us provide your child with the best care possible while at school.

- ◆ How long has your child had asthma? _____
- ◆ Please rate the severity of his/her asthma (circle) mild moderate severe
- ◆ Briefly describe your child's asthma _____

- ◆ Has your child ever been hospitalized for asthma? Please explain: _____

- ◆ Has your child ever been hospitalized for asthma? _____ If so, when? _____

- ◆ Does your child have asthma from exercise? _____
- ◆ Does weather affect your child's asthma? Please explain: _____

- ◆ Circle all that apply: **coughs frequently** **wheezes** **exercise induced** **weather induced**
- ◆ List all medications that he/she takes for asthma. How often? _____

- ◆ What does your child take when he/she has bad wheezing? _____

- ◆ Does your child use a nebulizer? _____ If so, a neb treatment can be given at school as long as we have tubing, neb cup, and mask for your child. We have a nebulizer at school. We will also need prescription nebulizer medicines along with your signature for use at school.
- ◆ Please provide us with the name of your child's asthma doctor:
Name _____ Phone _____
- Parent Signature _____ Phone _____