



HUMBLE INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES

PHYSICIAN DOCUMENTATION FOR STUDENT WITH ASTHMA

Please print:

Student Name _____ Grade _____ ID # _____ DOB _____

Address _____

1. Parent/Guardian Name _____ Home Phone _____ Work _____ Cell # _____

STUDENT HAS THE FOLLOWING TRIGGERS WHICH CAUSES ASTHMA EPISODES

Identify asthma trigger(s): (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes |
| <input type="checkbox"/> Respiratory infection | <input type="checkbox"/> Chalk dust |
| <input type="checkbox"/> Change in Temperature | <input type="checkbox"/> Pollens |
| <input type="checkbox"/> Animals _____ | <input type="checkbox"/> Molds |
| <input type="checkbox"/> Foods _____ | <input type="checkbox"/> Other |

Comments _____

CURRENT ASTHMA MANAGEMENT PLAN:

Daily Home Medication:

1. _____ Amount _____ Time _____ Frequency _____

2. _____ Amount _____ Time _____ Frequency _____

Normal peak flow reading: _____

SCHOOL ACTION PLAN: ADMINISTRATION OF MEDICATION FORM MUST BE COMPLETED.

Emergency action is necessary when the student has symptoms of _____ .
_____, or has a peak flow reading of below _____.

Steps to take during an asthma episode:

1. Give medications as listed below

Medication name: _____ repeat inhaled medication in _____ minutes _____ times

Medication name: _____

OR

Give nebulizer treatment

Call parent and "911" if no improvement.

State law allows a student to carry an asthma device if the following criteria are followed:

- The parent of the student provides to the school:
 - a. Written authorization for the student to self-administer the prescription medicine while on school property or at a school-related event or activity; and
 - b. A written statement, signed by the student's physician or other licensed health care provider that states:
 1. That the student has asthma or anaphylaxis and is capable of self-administering the medicine;
 2. The name and purpose of the medicine;
 3. The prescribed dosage for the medicine;
 4. The times at which or circumstances under which the medicine may be administered; and
 5. The period for which the medicine is prescribed. The physician's statement must be kept on file with the school nurse

I have instructed the above named student in the proper use of his/her asthma device. It is my professional opinion that he/she should be allowed to carry and use the device as needed.

Physician Name _____ Physician Signature _____ Date _____

After use the student should report to the clinic. Students with permission to carry respiratory inhalers are encouraged to have a backup inhaler in the clinic. Students using a respiratory inhaler outside the clinic must report the use to the staff member responsible for the setting/activity, and the school nurse

Parent Name _____ Parent Signature _____

School Nurse Signature _____ Date _____

