



Humble Independent School District Health Services

Physician's Documentation

ASTHMA

Student Name: _____ DOB: _____

ID#: _____ Grade: _____ Teacher: _____

Parent/Guardian Name: _____

Best Contact #: _____ Alternate Contact #: _____

Student has the following triggers which cause asthma episodes (check all that apply)

- | | | |
|--|--|-----------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | Comments: _____ |
| <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 | |

Daily Home Medication:

Name	Dose	Time	Frequency
1.			
2.			

SCHOOL ACTION PLAN:

****NOTE:** Administration of Medication form must also be completed in addition to this form**

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:

- Administer inhaler → Medication name: _____ Dose: _____
- Repeat inhaled medication in: _____ minutes _____ times
- Give nebulizer treatment → Medication name: _____ Dose: _____
- 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:
 - That the student has asthma or anaphylaxis and is capable of self-administering the medicine;
 - The name and purpose of the medicine;
 - The prescribed dosage for the medicine;
 - The times at which or circumstances under which the medicine may be administered; and
 - The period for which the medicine is prescribed. The physician's statement must be kept on file with the school nurse

Physician initials in box indicate the following:

- 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 self-administer the asthma device** as needed.

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 nurse.

Physician Name _____ Physician Signature _____ Date _____

Parent Name _____ Parent Signature _____ Date _____

School Nurse Signature _____ Date _____