Humble Independent School District Health Services

Physicians 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)

- ☐ Exercise
- ☐ Respiratory infection
- ☐ Change in Temperature
- ☐ Animals_____
- ☐ Foods_____
- ☐ Strong odors or fumes
- ☐ Chalk dust
- ☐ Pollens
- ☐ Molds
- ☐ Other

Comments:_____

Daily **Home** Medication:

Name	Dose	Time	Frequency
1.			
2.			

SCHOOL ACTION PLAN:

NOTE: Administration of Medication form must also be competed 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 _____