

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 parents/guardians and physicians.

(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 nebulizer treatments.

Table with 4 columns: Name, Purpose, Dosage, When to use. Rows 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-administer 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 in 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
* 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 _____

Northside Independent School District
Health Services Department Information on Air Quality Alert Days with Waiver

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 child that in elementary 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