



## SCHOOL ASTHMA ACTION PLAN

This plan is in accordance with HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to carry and self-administer asthma medication while at school or school functions with permission from parent and physician. This document is 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 Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

---

Emergency Contact Name	Relationship	Best Phone
------------------------	--------------	------------

### **A. Quick-relief Medication**

Medication Name: \_\_\_\_\_

Dosage (mg/ml): \_\_\_\_\_ Route: \_\_\_\_\_

Time: \_\_\_\_\_

If no relief, can be repeated \_\_\_\_\_ times \_\_\_\_\_ minutes apart.

**Call 911 if minimal or no improvement.**

### **B. Other Medication**

Medication Name: \_\_\_\_\_

Dosage (mg/ml): \_\_\_\_\_ Route: \_\_\_\_\_

Time: \_\_\_\_\_

If no relief, can be repeated \_\_\_\_\_ times \_\_\_\_\_ minutes apart.

**Call 911 if minimal or no improvement.**

### **SELF-ADMINISTRATION OF ASTHMA MEDICATIONS (check one)**

I have instructed \_\_\_\_\_ (student's name) on proper way to use his/her inhaler. It is my professional opinion that this student should be allowed to carry and self-administer his/her asthma medication while on school property and at school-related events.

It is my professional opinion that \_\_\_\_\_ (student's name) should NOT be allowed to carry and self-administer any of his/her asthma medication while on school property and at school-related events.

---

Physician's Name	Physician's Signature	Phone	Date
------------------	-----------------------	-------	------

---

Parent's Name	Parent's Signature	Phone	Date
---------------	--------------------	-------	------

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



## MEDICATION PROCEDURES

Prescription and over the counter medication may be administered at school if the following apply:

1. Approved authorization forms are on file for medication to be administered.
2. **Medication must be provided by the parent or guardian. No medication is provided by the school except for Benadryl and/or epinephrine in case of a possible anaphylactic reaction.**
3. Medication must be kept in the school clinic and administered by the school nurse, health assistant or school employee.
4. **No medication will be sent home with a student.** Parents/Guardians must pick up all medications whether prescription or over-the-counter.
5. Over-the-counter medication must be in the original bottle or box with the label intact and non-expired. **Dispensing directions regarding age, dose and frequency will be strictly adhered to.** Request to alter the standard dosage or frequency on over-the-counter medication must be accompanied by a physician's written note and signature.
6. Prescription medication must be in the original container and non-expired. All prescription medications must be properly labeled in a prescription bottle/box with the student's name, medication name, directions for dispensing the drug and written and signed by a physician licensed to practice in the United States. **All prescription medications need a physician signature and a parent/guardian signature. This includes daily, as-needed, and short-term medications. Any change in dosing will require a new order accompanied by physician signature and parent/guardian signature. NO PRESCRIPTION MEDICATIONS WILL BE GIVEN WITHOUT A PARENT/GUARDIAN AND PHYSICIAN SIGNATURE.**
7. Medications (controlled substances) will be counted by the school nurse or the health assistant upon arrival at school and documented as to the number of pills received. Medications must be delivered by the parents/guardians.
8. Medications prescribed or requested to be given three times a day or less will not be given at school unless a specific time of administration during school hours is prescribed by a physician.
9. A student may be allowed to self-administer inhaled asthma medication, an Epi-pen, or diabetes treatment ONLY if the following conditions have been complied with:
  - a. Written permission from the physician allowing the student to self-medicate or treat
  - b. The nurse has counseled the parent and the student on the school's inability to monitor the student's health condition during the school day while self-medicating or treating.
  - c. The student complies with all campus safety policies.
10. No district employee will administer herbal substances, anabolic steroids or dietary supplements except as provided in RRISD Policy: FFAC (local). Herbal substances or dietary supplements may be administered as prescribed by a physician if it is required by the IEP or Section 504 plan of a student with a disability. Medication must be provided by student's parent or guardian. Reliable information must be given by the physician regarding the safe use of the product including side effects, toxicity, drug interactions and adverse effects.

**\*\*\*In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the Registered Nurse and the Licensed Vocational Nurse have the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contra-indicated for administration to the student.\*\*\***