

JACKSON COUNTY *School District*

"Raising the Standard"

ASTHMA ACTION PLAN

(Editable document)

Directions:

1. To input data, click on the first blank line, type in information
2. Use tab key to advance to the next field
3. Check mark fields, use tab to advance to field and use space bar to make check or click in the blank to make a check mark. To de-select an answer, click on the incorrect response to remove.
4. Yes/No fields are radio button fields to choose either Yes/No. Use tab to advance to the radio button field and use space bar to select either yes or no. Clicking in the appropriate field will make the selection as well. To de-select an answer, click on the incorrect response to remove.
5. When the first page of the form is completed by the parent, print and take to your physician to be completed. This editable form should be completed by the physician at <http://www.jcsd.k12.ms.us/tech/onlinereg/asthmaplan.pdf> , signed by the physician and parent, and submitted with other registration forms and proof of residency to the appropriate school during registration.

Student Information: (Text fields. Please type the appropriate response in each field)

Name of student: _____ DOB: _____

Grade: _____ Classroom Teacher/1st Period Teacher: _____

Physical Education Days and Times: _____

Emergency Information:

Parent/Guardian Name: _____ Phone (H) _____

Address: _____ Phone (W) _____

Parent/Guardian Name: _____ Phone (H) _____

Address: _____ Phone (W) _____

Physician's name: _____ Telephone: _____

In case of emergency, contact:

1. _____

2. _____

3. _____

JACKSON COUNTY

School District

"Raising the Standard"

Daily Asthma Management Plan

Identify the things that trigger an asthma episode (Check Mark and Text fields. Check all that apply and list other.)

- | | | |
|------------------------|-----------------------|-------------|
| exercise | strong odors or fumes | Other _____ |
| respiratory infections | chalk dust | _____ |
| change in temperature | pollens | _____ |
| animals | molds | |
| foods (List) | _____ | |

Comments:

Control of School Environment: (Text field, type appropriate response)

(List any environmental control measures, pre-medications, any/or dietary restrictions that the student needs to prevent an asthma episode)

JACKSON COUNTY *School District*

"Raising the Standard"

Peak Flow Monitoring: (Text and Radio Button fields. Choose or type the appropriate response)

Student is able to do own peak flow meter? Yes No

Needs Supervision? Yes No

When should peak flow meter be used? _____

When should parent be called? _____

Personal best peak flow: _____

Green Zone Plan (indicates stability)

Peak flow reading is from _____ to _____

Medicines _____

Yellow Zone Plan (indicates trouble)

Peak flow reading is from _____ to _____

Medicines _____

Red Zone Plan (indicates emergency)

Peak flow reading is from _____ to _____

Medicines _____

Seek emergency medical care if the student has difficulty breathing with chest and neck pulling, is hunched over, has trouble walking or talking, lips or fingernails are gray or blue. School authorities will call 911 and parent/guardian.

JACKSON COUNTY

School District
"Raising the Standard"

To be completed by physician:

All current medications prescribed:

Medication	Dosage	Time	Route

Prescribed medications to be given at school: (if any)

Medication	Dosage	Time	Route

JACKSON COUNTY *School District*

"Raising the Standard"

To be completed by physician (Continued):

Self-administration: (Radio button fields. Choose the appropriate Yes/No response)

Physician and parent give authorization for the above-named student to carry and self-administer inhaler medication. Student and parent take responsibility for appropriate use of the inhaler as prescribed and accept responsibility for student carrying and self-administering asthma inhaler medication including keeping medication away from others.

Yes No

Self-administration of medication is not recommended for elementary school students and will be considered on case-by-case basis for all students.

Note: A spacer is highly recommended for use with inhalers at school and at all times for proper delivery of medication.

Parent authorizes the school nurse to communicate with the physician when necessary.

Yes No

Parent/Guardian Signature

Date

Physician Signature

Date

Reviewed by the school nurse (signature)

Date

This form should be completed by your physician, signed by the physician and the parent/guardian, and submitted with other registration forms and proof of residency at the appropriate school during Jackson County School District registration or as soon as possible.

The signed form may be mailed or faxed to your child's school. Please contact the school for address or fax number.