

**BURNET CISD
SCHOOL HEALTH SERVICES
ASTHMA / ANAPHYLAXIS TREATMENT PLAN**

This plan is in accordance with new legislation, HB 1688 of 2001 and HB 1 of 2006. These bill allows students to self-administer asthma/anaphylaxis medications while at school or school functions with permission from parents 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

Name _____ Home Phone: _____

Address _____ Work Phone: _____

Emergency Contact

Name	Relationship	Phone
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Physician student sees for asthma: _____		Phone: _____
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Other physician: _____		Phone: _____
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SELF-ADMINISTRATION OF ASTHMA / ANAPHYLAXIS MEDICATIONS

- 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 the following medications while on school property or at school related events:

A. Bronchodilator (Quick-relief medication):

Name: _____

Purpose: _____

Dosage: _____

When to use: _____

Can be repeated for severe breathing difficulty _____ times _____ minutes apart.

Call 911 if minimal or no improvement.

B. Other medications:

Name _____

Purpose _____

Dosage _____

When to use: _____

Additional Instructions: _____

These medications are prescribed for the time period _____ until _____

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

Physician's Signature

Date

I agree with the recommendations of my child's physician as noted above and have informed my child that he she MAY/ MAY NOT (circle one) carry his/her asthma/anaphylaxis medications while on school property or at school-related events.

Parent/Guardian Signature

Date