



School Asthma Action Plan

(Requires Physician and Parent/Legal Guardian Signatures)

MS state law requires that **all students with Asthma** must have a current **School Asthma Action Plan** provided to the school yearly.

Name: _____ Date: _____

School: _____ Age: _____

Instructions to School

1. If coughing or wheezing, give: _____

2. Pre-Medication, give:

- Albuterol 2-4 puffs with/without spacer and notify parent/guardian
- Albuterol 1 treatment via nebulizer and notify parent/guardian
- Albuterol 2-4 puff with/without spacer 15-30 minutes prior to exercise
- Albuterol 1 treatment via nebulizer 15-30 minutes prior to exercise

3. Recommend that student be allowed to carry and self-administer all asthma medications
If your child must carry **emergency** meds at all times, please have the **“Release-To-Carry Form For Asthma Inhaler, Anaphylaxis Medication, and/ or Insulin Supplies”** filled out.

4. Recommend that school nurse/personnel administer asthma medications and notify parents

5. Other instructions: _____

Parent/Legal Guardian Signature: _____

Physician Signature: _____



**JONES COUNTY SCHOOL DISTRICT
RELEASE-TO-CARRY FORM FOR ASTHMA INHALER, ANAPHYLAXIS
MEDICATION, AND/OR INSULIN SUPPLIES**

Date: _____ School: _____

_____ has been instructed in the proper use of
(Student's Name)

_____ Medication(s).
(Name of Medication(s))

Diagnosis #1: _____

Name of medication #1: _____

Dosage: _____

Diagnosis #2: _____

Name of medication #2: _____

Dosage: _____

We, _____ and _____, request that
(Physician) (Parent/Guardian)

(Student's Full Name)

be permitted to carry the asthma inhaler, anaphylaxis medication(s), and/or insulin supplies on his/her person, or to keep the asthma inhaler, anaphylaxis medication(s), and/or insulin supplies in his/her classroom or locker. He/she has been instructed in and understands the purpose, appropriate method, and frequency of use of his/her medication(s) as well as the proper method of disposal.

We, the undersigned physician and parent/guardian, absolve the school district and its employees, agents and officers of any responsibility in safeguarding our child's asthma inhaler, anaphylaxis medication(s), and/or insulin supplies.

We understand that the school district and its employees and agents will not be held liable for any injury sustained by the student that has self-administered emergency medication(s).

(Physician's Signature)

(Parent/Legal Guardian Signature)

(Principal's Signature)

(School Nurse's Signature)