



HOUSTON INDEPENDENT SCHOOL DISTRICT

HATTIE MAE WHITE EDUCATIONAL SUPPORT CENTER
4400 WEST 18th STREET • HOUSTON, TEXAS 77092-8501

www.houstonisd.org
www.twitter.com/HoustonISD

Asthma Action Plan Parent Letter

Date: _____

Dear Parent/Guardian of: _____ :

Good control of your child's asthma is important to his or her success at school. A talk between you and your child, your doctor and school staff is the key to controlling asthma at school. An Asthma Action Plan completed by your doctor and shared with the school will help keep your child safe. Following the Asthma Action Plan will help your child to be a part of all school activities.

If your child has an Asthma Action Plan, please send a copy to the school nurse. If your child does not have an Asthma Action Plan, please talk with your doctor about making one that can be shared with the school staff. It can be faxed (directly) to the school nurse at fax number _____.

Attached is an Asthma Action Plan that should be filled out by your doctor.

- Please bring your medication to the school nurse.
- Please bring your completed Asthma Action Plan.

If you have any questions, you may call me at _____.

Thank you

School Nurse _____ Principal _____

Telephone

email address

website

Houston Independent School District
Health and Medical Services

Consent for Release/Request of Confidential Medical Information

This request is for release of information concerning:

Name: _____ Date of Birth: _____

SSN: _____ School: _____

I hereby authorize: _____ to release confidential medical information.

Physician/Medical Facility

Attn: _____

Address

City, State, Zip

Release information to and/or exchange information with:

_____ and _____
Director, Health and Medical Services School
5827 Chimney Rock, Suite 2068
Houston, TX 77081 Attn: _____

Address

City, State, Zip

This information is required for the following purpose(s): _____

This information may include but is not limited to communicable diseases such as Human Immunodeficiency Virus, Psychiatry, Drug and/or Alcohol abuse.

Yes No *I have been fully informed and understand the school's request of my consent, as described above. This information will be released/requested upon receipt of my written consent.

Yes No *I understand that my consent is voluntary and may be revoked at any time.

*Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. Another copy of the procedural safeguards (rights) is attached to this form.
Date given: _____ To (name): _____

This authorization automatically expires one year from the date of signature.

Patient Signature Date

Parent/Guardian Signature (When Applicable) Date

Witness Signature Date

Address

Assessing Asthma Severity:

Well controlled asthma:

- No cough
- No wheeze
- No chest tightness
- No limitation of activity
- Peak flow within 20% of personal best



Mild asthma symptoms:

- Requires medical attention if persistent.**
- Child should not engage in vigorous activity.**
- Occasional cough
- Slight wheeze
- May be a tickle in the throat
- Peak flow 50% to 80% of personal best



Moderate to severe asthma symptoms –

- Requires URGENT medical attention – Call parents!**
- Persistent cough
- Persistent wheeze
- Breathing faster than normal (more than 30 breaths in a minute)
- Waking at night due to difficulty breathing
- Peak flow near 50% of personal best



Danger signs:

- Requires IMMEDIATE medical attention – call 911!!**
- Difficulty speaking more than 1 or 2 words between breaths
- Hard to walk more than a few steps due to difficulty breathing
- Chest or belly sucking in with each breath
- Nostrils flaring out with each breath
- Breathing very fast (more than 40 breaths in a minute)
- Lips or fingers turning blue
- Peak flow significantly below 50% of personal best



**A child who is having breathing problems from asthma
should NEVER be left alone!!**

© 2006 Harold J. Farber, MD author of *Control Your Child's Asthma: A Breakthrough Program for the Treatment and Management of Childhood Asthma.*

Child with asthma graphic adapted from J. Asthma 1994;31:473-8.

