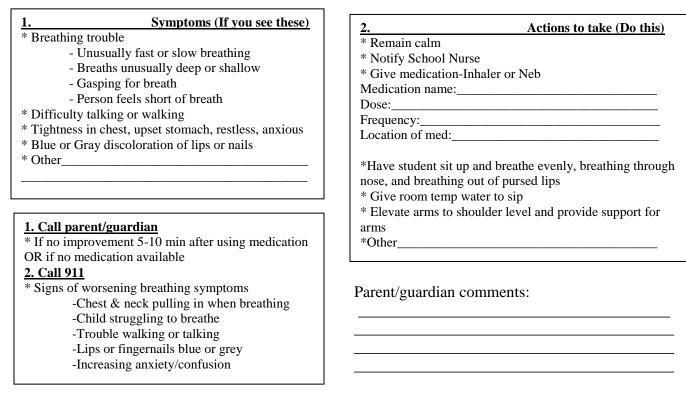
Individual Asthma Plan

Student: Grade: School year:

Your child's health record shows a history of asthma. Please complete the following and return to the health office if your child continues to have the diagnosis of asthma. (Do not duplicate plan if you have one in place from your doctor.)

✓ Brief asthma history:_____



- If child needs to have modified Phy-ed or recess, a doctor's note indicating this is appreciated. A student may be excused from Phy-ed for 3 days with parent/guardian consent. If longer than 3 consecutive days, you may be asked to provide a doctor's note indicating any specific restrictions, for the safety of the student.
- If medications will be kept in school, a medication authorization form will need to be completed. (See back)

I have reviewed and agree with this medical intervention plan. I will notify the Health Office of any changes in the student's asthma management, medications or Physicians orders.

Parent/Guardian Signature

Date

	OFFICE	USE	ONLY
Nurse signs	ature.		

Truise signature	
Date received:	
Med Authorization	Parent signature
	MD signature:
Copy sent to teacher:_	