



DIOCESE OF FORT WORTH

Parental Authorization for Asthma Action Plan 2025-2026

Name: _____ DOB: _____ Grade/Teacher: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Before/After school activities: ☐ Athletics ☐ Band ☐ Club ☐ Tutoring ☐ Other: _____

Physician: _____

Physician Phone number: _____

Asthma History

At what age was student diagnosed with asthma/reactive airway disease? _____

Has student had an asthma attack in the last 3 months that required an emergency room visit? ☐ NO ☐ YES

Last ER visit/hospitalization date related to Asthma: _____:

Severity: ☐ Intermittent ☐ Mild ☐ Moderate ☐ Moderate Severe ☐ Severe

Asthma Triggers: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Viral Infections (cold, flu, sinus, bronchitis) | <input type="checkbox"/> Exercise/sports |
| <input type="checkbox"/> Hot or cold temperatures | <input type="checkbox"/> Stress, anxiety, strong emotions |
| <input type="checkbox"/> Seasonal allergies/pollen | <input type="checkbox"/> Dust mites, animal, dander/fur, feathers |
| <input type="checkbox"/> Environmental Irritants, | |
| <input type="checkbox"/> Other : _____ | |
| (smoke, perfume, aerosols, dust, paint, odors) | |

Asthma Symptoms: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Tightness in chest |
| <input type="checkbox"/> Pale face/lips | <input type="checkbox"/> Rapid, shallow breathing |
| <input type="checkbox"/> Anxious, Fearful, Strong emotions | <input type="checkbox"/> Retraction of chest muscles |
| <input type="checkbox"/> Other: _____ | |

List any preventative medication taken at home on a regular basis:

List any emergency or "as needed" medication taken at home (inhaler or nebulizer for example):

Does student require Peak flow monitoring? ☐ NO ☐ YES

Personal Best Number: _____

Management of an Acute Asthma Episode in School

- If student has wheezing, shortness of breath, chest tightness, excessive coughing, rapid breathing or exaggerated intake of air in an effort to fill lungs:
- · Stop activity and get student into a comfortable position.
- · Speak calmly and reassuringly to student. Encourage slow deep breathing.
- Escort student to clinic or call nurse immediately for onsite assistance. **Never leave student alone.**
- If available, administer prescribed medication by inhaler or nebulizer. If student carries an inhaler, assist with administering inhaler as soon as possible. Student should respond to treatment within 15-20 min.
- If medication is ineffective and/or student show signs of distress, call 911 to activate emergency services. Signs of distress include:
 - Labored breathing with flaring of nostrils, gasping or grunting when breathing in
 - Breathing becomes hard and fast and student is hunched over or ribs are visible when trying to take a breath
 - Student appears exhausted, pale, or lips/fingertips begin to turn blue
 - Student can no longer talk or becomes unconscious or stops breathing.
- Notify parent or guardian.

Other _____

Medication at School

- Will student have rescue medication at school? ☐ NO ☐ YES*
If yes, check all that apply: ☐ Inhaler ☐ Nebulizer ☐ Epinephrine
- Does student need to pre-medicate before PE/athletics/recess? ☐ NO ☐ YES* ☐ as needed*

6th 12th Grade students

Will student self-carry and self-administer his/her inhaler?

☐ NO ☐ YES*

If yes, complete Self-Administered Inhaler form attached and A medication administration form is required for all prescription medications.

Parental Authorization

I hereby grant permission for _____ ("School") to follow the above Action Plan for my child and to take whatever measure in their judgment may be necessary to provide emergency medical services consistent with this Action Plan, including the administration of medication to my child. I give permission to School to contact my physician for additional information as necessary. I grant the School permission to share this Action Plan with my student's teacher(s). I also authorize School staff members to share the contents of my child's Action Plan with other School employees, volunteers, or chaperones at school events or field trips as necessary to ensure the safety and well-being of my child. I agree to defend, indemnify, and hold harmless the Diocese of Fort Worth, its parishes and Catholic schools, its bishop and successor bishops, and all their priests, employees, servants, volunteers, and agents (collectively, the "Releasees"), from and against any and all claims, demands, causes of action, judgments, damages, liabilities, or losses of any character, arising out of or in any way connected with the provision of medical services, the enacting of the Action Plan, or the failure to provide any medical services or medication. Further, on behalf of myself and the other parent/guardian of the student, I hereby release and waive all claims, demands, or causes of action against the Releasees.

Parent/Guardian Signature Date

Updated 4/25