

Asthma Individual Health Plan

Section 504 Plan

Equipment and supplies provided by parent	<input type="checkbox"/> Nebulizer for delivery of medications <input type="checkbox"/> Peak Flow Meter for monitoring <input type="checkbox"/> Spacer or holding chamber <input type="checkbox"/> Other _____	Disaster Supplies <input type="checkbox"/> Medications for 3 days
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STUDENT HEALTH EDUCATION (Complete as applicable)

Topics	Taught (date)	Demonstrated Mastery (date)
Triggers		
Prevention Strategies		
Acute Signs/Symptoms		
Medications		
• Purpose		
• Method of Administration		
• Dosage		
• Frequency		
• Effectiveness		
• Side Effects		
Other (i.e., adaptation to illness; smoking cessation class referral)		
	With Parent	With Student
Review of Emergency Care Plan		

STUDENT OUTCOMES

1. Student will participate in school activities with modifications as needed.

Modifications: _____

2. Student will demonstrate/describe checked items under "Health Education."

3. Other: _____

Plan reviewed with parent:

Copy sent home:

 (Parent's signature) (date) (School nurse's signature) (date)

Reviewed and/or updated:

 (Parent's signature) (date) (School nurse's signature) (date)

New staff trained:

Date:

New staff trained:

Date:

