

ASTHMA ACTION PLAN
(Please print)

Student's Name _____ Date of Birth: _____

Does your child have asthma that has been diagnosed by a doctor? Yes No

Is your child's asthma severe enough to require her/him to carry an inhaler in a backpack? Yes No
(If yes, a physician MUST write an order indicating so.)

If your child has any known asthma "trigger factors," please list them: _____

Medications to be given at school (if any) (complete a Request for Administration of Medication form)

Steps for an acute asthma episode

1. _____
2. _____
3. _____
4. _____

Symptoms of a possible asthma emergency:

- Difficulty breathing, walking or talking.
- Blue or gray discoloration of the lips or nail beds.
- Failure of medication to reduce worsening symptoms.

These signs indicate the need for emergency medical care. The steps to take are:

1. Call 911.
2. Call Dr. _____ Phone Number: _____
3. Call Parents _____ Phone Number(s): _____
Call Parents _____ Phone Number(s): _____
4. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____
b. _____	1.) _____ 2.) _____

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____
(Required)

Printed name of person completing form _____

Signature of person completing form _____ Date _____

Office use: Teacher's Name _____ Classroom _____