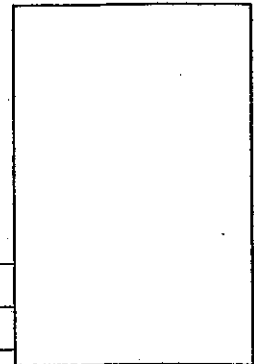


Asthma Action Plan

Student Information

Name of Student _____ D.O.B. _____
Grade _____ Homeroom Teacher or Class _____
Physical Education Days & Times _____



Emergency Information

Parent(s') or guardian(s') names _____
Mother: Telephone (work) _____ Father (work) _____
(home) _____ (home) _____
Physician's Name _____ Telephone _____

In case of emergency, contact:

1. _____
2. _____
3. _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

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

These signs indicate the need for emergency medical care. The steps that should be taken are:

- Activate the emergency medical system in your area: Phone _____
- Call parent/guardian or physician

Triggers _____

Personal best peak flow _____

All Current Medications

Name of medication	Dosage	Time

Medications to be Given at School (if any)

Name of medication	Dosage	Time

Steps for an Acute Asthma Episode

TO BE COMPLETED BY PHYSICIAN

1. _____
2. _____
3. _____

Physician's signature _____

**I GIVE MY PERMISSION TO SHARE MY CHILD'S
HEALTH INFORMATION WITH STAFF MEMBERS.**

Parent's /guardian's signature: _____
