HEALTH OFFICE
Tel: + 7 495 231 4488, ext. 3911
Email: health.office@aas.ru

Dear Parents:

Re: School Asthma Action Plan:

We understand that your child _____ has asthma.
This condition can be serious and may require emergency treatment while at school. It is important that the school has up-to-date information about the management of your child's asthma condition.

Complete the attached School Asthma Action Plan (in consultation with your child's medical practitioner). The school reserves the right to call an ambulance if your child is having a uncontrolled asthma attack or difficulty breathing.

Please help us to responsibly care for your child while at school by completing, signing, and returning this Asthma Action Plan as soon as possible.

Thank you for your cooperation in this matter.

Yours sincerely,

The AAS Medical Staff

AAS Asthma action plan

Student's Name _____Date of Birth ___/___/____Grade_____

Usual signs of student's asthma:	**Worsening signs of student's asthma:**	**What triggers the student's asthma?**
Please check: ( )_Wheeze ( )_Tightness in chest ( )_Coughing ( )_Difficulty breathing ( )_Difficulty speaking Other (please describe)	Increased signs of: ( )_Wheeze ( )_Tightness in chest ( )_Coughing ( )_Difficulty breathing ( )_Difficulty speaking Other (please describe)	( )_Exercise ( )_Cold/Viruses ( )_Pollens ( )_Dust Other Triggers (please described)

Does your child need assistance taking their medication? ( ) Yes ( ) No

If yes, how? _____

Name of Medication	Method (e.g. puffer & spacer, Turbuhaler)	When and how much? (e.g. at home, 1 puff in morning and 1 at night, before exercise)

Please check prepared Asthma First Aid Plan

( ) 1. Sit the student down and remain calm to reassure them. Do not leave the student alone.

( ) 2. Without delay shake a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) and give 2 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each

( ) 3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.

( ) 4. If there is still no improvement after a further 4 minutes – call an ambulance immediately and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

( ) 5. Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable.

If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR ***Student's Asthma First Aid Plan*** (if different from above)

1._____

2._____

3._____

( ) Please notify me if my child regularly has asthma symptoms at school.

( ) Please notify me if my child has received Asthma First Aid.

( ) In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.

( ) I authorize school staff to assist my child with taking asthma medication should they require help.

( ) I will notify you in writing if there are any changes to these instructions.

( ) I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's

Signature _____Date ____/____/___

Emergency Contact:

Name_____Phone #_____