

Owatonna Public Schools

Asthma Care Plan

Student Information

Name of Student: _____ Date of Birth: _____
Grade: _____ Homeroom Teacher or Class: _____
Physical Education Days and Times: _____

Describe Condition (for example, symptoms of onset): _____

Emergency Information

Parent or guardian name (s'): _____
Mother: Telephone (H): _____ (W) _____
Father: Telephone (H): _____ (W) _____
Physician's name: _____ Telephone: _____

In case of emergency, contact:

1. _____ Telephone: _____
2. _____ Telephone: _____
3. _____ Telephone: _____

Current Medications (any medications given at school must be accompanied by a medication administration form)

<u>Name</u>	<u>Dose</u>	<u>Time given</u>	<u>Given at School?</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Your Child's Asthma Triggers: _____

Emergency Plan

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

Please discuss with your physician the steps you would like the school to take for your child in the case of an acute asthma episode. If in the judgement of school personnel a medical emergency exists, 911 will be called.

Steps To be taken for an Acute Asthma Episode:

1. _____
2. _____
3. _____

Parent/guardian signature: _____ Date: _____
Reviewed by health office: _____ Date: _____