

**Owatonna Public Schools**  
**Asthma Care Plan**  
(valid 9th-12th grade)

**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: \_\_\_\_\_

**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. _____			

**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: \_\_\_\_\_