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|-----------------------|--|---------------------------------------|
| <i>School Name</i> | | EMERGENCY CARE PLAN ASTHMA |
| <i>School Address</i> | | |
| <i>School Address</i> | | |

| | | | | | |
|----------------------|--|--------------------|--|--------------------------|--|
| Student Name: | | Student ID: | | Date: | |
| School: | | Grade: | | Birthdate: | |
| | | | | Primary Language: | |

- The school district intends to use the requested information to provide your child's health and safety needs while at school.
- You may refuse to supply the requested personal information.
- If this form is not completed, it may result in an incomplete health and safety plan for your child.
- Medications are not administered at school without physician and parent signatures.
- The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success. (MS Section 13.04, Subdivision 2)

HEALTH CARE INFORMATION

| | | | |
|------------------------------|--|---------------|--|
| Health Care Provider: | | Phone: | |
| Hospital of Choice: | | Phone: | |

CONTACT INFORMATION

| Parent/Guardian | Relationship | Phone # | Phone Type | Primary Language |
|--------------------|--------------|---------|------------|------------------|
| | | | | |
| | | | | |
| Home Phone: | | | | |

SIGNS AND SYMPTOMS

(GREEN ZONE)—Normal Breathing

- Breathing easy
- Can play, work, and sleep without asthma symptom.

Peak flow range _____ **to** _____

(YELLOW ZONE)—Early Warning (Action Needed)

- Trouble breathing
- Wheezing
- Tight cough
- Difficulty exhaling
- Stomach upset
- Feeling of tightness
- Anxious

Peak flow range _____ **to** _____

ACTION:

- Remain calm (reassure and stay with student).
- Administer medication per MD order:

| Medication | Dose | Route | Time | Instructions |
|------------|------|-------|------|--------------|
| | | | | |
| | | | | |

- Give room temperature water.
- If no relief of symptoms (5-10 minutes after treatment) **call 911**.

(RED ZONE)—Severe Symptom (Emergency)

- Chest and neck pulled in when breathing.
- Trouble walking and talking.
- Lips or fingernails blue or gray.
- Increase anxiety and confusion.
- Loss of consciousness.

Peak flow range _____ **to** _____

ACTION:

- Take emergency medication.
- If no relief, or no medication available, **call 911 immediately**.
- Notify parents of situation.

SPECIAL INSTRUCTIONS

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| Field Trip: |

| | |
|--------------------------------------|--------------------|
| Physician Signature: _____ | Date: _____ |
| School Nurse Signature: _____ | Date: _____ |
| Parent Signature: _____ | Date: _____ |