



### Asthma Action Plan

Child's name: \_\_\_\_\_

Teacher/grade: \_\_\_\_\_

• Identify the things which start an asthma episode (Check each that applies to the student.)

- Exercise
- Illness
- Animals
- Strong odors
- Dust
- Mold
- Pollen
- Other \_\_\_\_\_

• Daily Medication Plan

- Does your child use an inhaler? Yes    No  
    If so, what kind? \_\_\_\_\_  
    How often? \_\_\_\_\_
- Will your child use an inhaler at school? Yes    No

### Emergency Plan

1. Sit student down and remain calm. Do not leave the student alone. If available, give emergency medication.
2. Observe student closely for any change in condition. Allow student to return to class or normal activity if symptoms are relieved after using medication.
3. If there is no improvement after medication contact parent/ guardian.
4. If symptoms worsen, student is hunched over, having difficulty breathing, unable to speak, using neck and shoulder muscles to assist in breathing, or lips and/or nail beds are blue in color, CALL 911. Remain with student until EMS personnel arrive.
5. If student becomes unresponsive, start CPR, Call 911, call parent/ guardian.

I understand that a completed and signed Medication Consent Form must be on file at the school for each medication to be administered during the school day. I give permission to the school nurse to share information relevant to as he/she determines appropriate for my son's/daughter's health and safety

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_