



Name: _____ Grade: _____ Age: _____

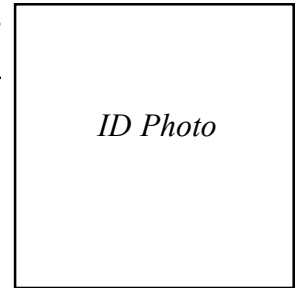
Homeroom Teacher: _____ Room: _____

Parent/Guardian Name: _____ Ph: (h): _____

Address: _____ Ph: (w): _____

Parent/Guardian Name: _____ Ph: (h): _____

Address: _____ Ph: (w): _____



Emergency Phone Contact #1 _____ Name Relationship Phone

Emergency Phone Contact #2 _____ Name Relationship Phone

Physician Treating Student for Asthma: _____ Ph: _____

Other Physician: _____ Ph: _____

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as _____, _____, _____, _____ or has a peak flow reading of _____.

Steps to take during an asthma episode:

- 1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if _____

- 4. Re-check peak flow.
5. Seek emergency medical care if the student has any of the following:

- Checklist of symptoms: Coughs constantly, No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached, Peak flow of _____, Hard time breathing with: Chest and neck pulled in with breathing, Stooped body posture, Struggling or gasping, Trouble walking or talking, Stops playing and can't start activity again, Lips or fingernails are grey or blue



IF THIS HAPPENS, GET EMERGENCY HELP NOW!

Emergency Asthma Medications

Table with 3 columns: Name, Amount, When to Use. Contains 4 numbered rows for medication entry.