



SIGNATURE PREPARATORY

ASTHMA EMERGENCY CARE PLAN FOR THE BUS DRIVER

CAMPUS: _____ School Year: 20____/20____

STUDENT NAME: _____ CARRIES INHALER: ___ YES ___ NO

BUS# _____ ROUTE# _____ GRADE: _____ TEACHER: _____

PARENT/GUARDIAN NAME: _____

PHONE #: _____ CELL: _____

PRESENTING PROBLEM INFORMATION:

ASTHMA – TROUBLE BREATHING - WHEEZING

EMERGENCY PLAN:

1. STOP the bus.
2. Call 911 if student's condition is getting worse and you are unsure of what to do.
3. Call 911 if student can't count to 10 without taking a breath or is breathing more than 30 times a minute.
4. Report incident to school and/or parent.