



ASTHMA ACTION PLAN

STUDENT _____ D.O.B. _____

SCHOOL _____ HOME PHONE _____

TEACHER _____ GRADE _____

MOTHER/GUARDIAN _____

PHONE: (WORK) _____ (CELL) _____

FATHER/GUARDIAN _____

PHONE: (WORK) _____ (CELL) _____

DAILY MEDICATIONS

Medication	How Much	When to Take

Medication Before Exercise: _____

QUICK RELIEF MEDICATIONS

Medication	How Much	When to Take

EMERGENCY PROCEDURE: CALL 911 AND PARENT/GUARDIAN

- Quick relief medication has not worked
- Cannot do usual activities
- Trouble walking and/or talking
- Shortness of breath
- Lips and/or nail bed blue
- Chest and/or neck muscles pulled in with breathing
- Hunched over

EMERGENCY

Medication	How Much

Put a check next to the triggers that you know make your asthma worse:

- Animal Dander
- Dust Mites
- Cockroaches
- Indoor Mold
- Pollen and Outdoor Mold
- Irritants including, but not limited to, tobacco smoke, strong odors, sprays
- Vacuum Cleaning
- Cold Air

ALL MEDICAL EQUIPMENT SUCH AS NEBULIZERS, TUBING, AND SPACERS WILL BE FURNISHED BY THE PARENT.

I, _____, authorize the physician's office to release confidential information about my child.

Parent/Legal Guardian Signature

Date

Physician's Signature

Date

Physician's Printed Signature

Physician's Phone Number