

ASTHMA ACTION PLAN

Student Information

Student: _____ Birthdate: _____

Grade: _____ Homeroom Teacher or Class: _____

Physical Education Days and Times: _____

Emergency Information

Parent(s) or Guardian(s): _____

Mother: Tel. (W) _____ Tel. (H) _____

Father: Tel. (W) _____ Tel. (H) _____

Physician _____ Tel. _____

In case of emergency, contact:

1. Name _____ Tel. _____

2. Name _____ Tel. _____

3. Name _____ Tel. _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

- Difficulty breathing, walking, or talking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken:

- Activate the emergency medical system in your area. Tel. _____
- Call parent/guardian or physician.

Triggers: _____

Personal best peak flow: _____

All Current Medications

Name of Medication	Dosage	Time

Medications to be Given at School (if any)

Name of Medication	Dosage	Time

Steps for an Acute Asthma Episode (to be completed by physician)

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature

Date

Physician Signature

Date