



Asthma Action Plan

Argyle Independent School District

Name: _____ Grade: _____ Age: _____

Homeroom Teacher: _____ Room: _____

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

Address: _____ Phone (w): _____

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

Address: _____ Phone (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 (To be completed by Physician)

Emergency action is needed when student has symptoms such as, _____, _____, or _____.

Steps to take during an asthma episode:

1. Give medications as listed below. The student should respond to treatment in 15-20 minutes.
2. Contact parent or guardian if _____.
3. Seek emergency medical care if the student has any of the following:
 - ✓ Constant Coughing
 - ✓ No improvement 15-20 minutes after initial treatment
 - ✓ Trouble walking or talking
 - ✓ Stops playing and can't start activity again
 - ✓ Lips or fingernails are gray or blue
 - ✓ Hard time breathing with
 - Chest and neck pulled in with breathing
 - Stooped body posture
 - Struggling or gasping

Emergency Medication (To be completed by Physician/signature on page 2)

Name of Medication	Dosage and Frequency	When to Use

Daily Medication (To be completed by Physician)

Name of Medication	Dosage and Frequency	When to Use

Self-Administered Inhaled Medications (To be completed by Physician)

- I have instructed student, _____ in the proper way to use his/her inhaled medication. See STUDENT CONTRACT below. It is my professional opinion that the student **SHOULD** be allowed to carry and use his/her own inhaled medication. **It is advised to keep a second inhaler in the school clinic.*
- It is my professional opinion that this student **SHOULD NOT** be allowed to carry or self administer his/her own inhaled medication.

Comments/Special Instructions (To be completed by Physician)

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Contract for Self-Administered Inhaler

(To be completed by ALL students who will be carrying an inhaler at school)

- I know how and when to use my inhaler and have discussed this with my doctor.
- I know it is my responsibility to keep my inhaler with me where it is easily accessible in case I need it during school hours, extracurricular activities, and field trips.
- I will notify the school nurse if I have used my inhaler and it is not working for me or if my symptoms return before I am supposed to use it again.
- I will notify the school nurse or my parents if my inhaler is lost, stolen, or expired.
- I will not share my inhaler with anyone.
- I understand that it is advised that a backup inhaler should be kept in the clinic.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____