

**GREAT NECK PUBLIC SCHOOLS
ASTHMA ACTION PLAN**

NAME: _____

TEACHER _____

D.O.B _____

DR.: _____

GYM & RECESS TIMES _____

SCHOOL YEAR: _____

ASTHMA TRIGGERS:

Knowing the signs of an asthmatic episode will help to prevent a serious medical emergency. **There should be no delay once a student has notified a teacher/staff member of a possible problem.**

Signs of an asthmatic episode may include:

- | Changes in Breathing |
|--|
| <ul style="list-style-type: none"> ● coughing, wheezing ● breathing by mouth, shortness of breath ● rapid breathing |

- | Verbal Complaints |
|---|
| <ul style="list-style-type: none"> ● "my chest is tight", "my chest hurts" ● "I can't breathe", "my mouth is dry" ● I don't feel well" |

ACTION

1. If asthmatic episode symptoms are noted, give _____
Medication/Dose/Route

2. If symptoms persist or worsen give _____
Medication/Dose/Route

3. **CALL MOTHER:** _____ **FATHER:** _____

4. **CALL: Dr.:** _____ **at** _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED

_____/_____/_____ M.D./_____
Parent Signature Date Doctor's Signature Date

EMERGENCY CONTACTS:

1. _____

Relation: _____ Phone: _____

2. _____

Relation: _____ Phone: _____

3. _____

Relation: _____ Phone: _____