

Asthma Action Plan

Student Information

Name of Student: _____ Birthdate: _____

Grade: _____ Homeroom Teacher or Class: _____

Physical Education Days and Times: _____

Emergency Information

Parent or guardian names: _____

Mother: Telephone (W): _____ Father (W) _____

Telephone (H): _____ Telephone (H): _____

Cell Phone: _____ Cell Phone: _____

In case of emergency, contact:

1. _____

2. _____

3. _____

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 are:

- *Activate the emergency medical system in your area:

Phone: _____

- *Call parent/guardian or physician

Triggers:

Personal best peak flow: _____

Asthma Action Plan (continued)

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: _____

Physician's Signature: _____