

# ASTHMA ACTION PLAN

## Student information

Name of Student: \_\_\_\_\_ DOB \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

Physical Education Days And Times: \_\_\_\_\_

## Emergency Information

Parent (s') or guardian (s') names: \_\_\_\_\_

Mother: Telephone (W) \_\_\_\_\_ Father: telephone (W): \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (H): \_\_\_\_\_

Physician's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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 actions 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 \_\_\_\_\_

**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. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

Physician's signature \_\_\_\_\_