STUDENT ASTHMA ACTION PLAN
School Year: _____

Student Name:_____ **DOB:**_____

School: _____ **Student ID:**_____

here

Mother:	Home #:	Work #:	Cell #:
Father:	Home #:	Work #:	Cell #:
Emergency Contact:	Home #:	Work #:	Cell #:

Asthma Physician:	Phone #:
Other Physician:	Phone #:

MEDICATIONS:

Meds taken at home:	Dosage:	Time:

IDENTIFY THE THINGS THAT MAY START AN ASTHMA EPISODE (check all that apply):

☐Exercise   ☐Respiratory Infections   ☐Strong odors or fumes   ☐Dust

☐Animals   ☐Pollens   ☐Change in temperatures

☐Foods_____   Other or Comments:_____

TREATMENT OF ASTHMA EPISODE:

Circle symptoms your student has when quick relief medication needed: Repetitive cough, Shortness of breath, Chest tightness, Wheezing, Chest Retractions	Quick Relief Medication: Use: _____Inhaler_____puffs or (name of inhaler) (# of puffs) _____ nebulizer medication

CALL PARENT IF:_____

CALL 911 IF: *Struggling to breathe   *No relief from quick relief med   *Hunching over
*Lips or fingernails are blue or gray   *Persistent chest & neck pulling in with breathing

---

This section is to be completed by a Physician IF student is to possess and self-administer medication in school at a school sponsored activity; while under the supervision of school personnel; or before, during, or after school care on school operated property, (in compliance with SB 472, effective 7/01/02).

FOR INHALED MEDICATIONS: (Please check one of the options below)

1. _____I have instructed this student in the proper use and dosage of his/her inhaled medication. It is my professional opinion that this student should be allowed to carry and use that medication by him/herself.   **OR**

2. _____It is my professional opinion that this student should **not** carry his/her inhaled medication by him/her.

_____   _____
Physician Signature   Date

Copy of this plan has been provided to Transportation Supervisor   Yes ☐   No ☐

_____   _____
 Parent Signature   Date   County School Nurse Signature   Date

Information about students and family is strictly confidential and all efforts to maintain this are very important.
Rev. 5/10