

# ASTHMA ACTION PLAN

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## Student Information

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom Teacher or Class: \_\_\_\_\_  
Physical Education Days and Times: \_\_\_\_\_

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## Emergency Information

Parent(s) or Guardian(s) \_\_\_\_\_  
Mother: Tel (W) \_\_\_\_\_ Tel (H) \_\_\_\_\_  
Father: Tel (W) \_\_\_\_\_ Tel (H) \_\_\_\_\_  
Physician \_\_\_\_\_ Tel \_\_\_\_\_

In case of emergency, contact:

1. Name \_\_\_\_\_ Tel \_\_\_\_\_  
2. Name \_\_\_\_\_ Tel \_\_\_\_\_  
3. Name \_\_\_\_\_ Tel \_\_\_\_\_

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## Asthma Emergency Action

The following are possible signs of an asthma emergency:

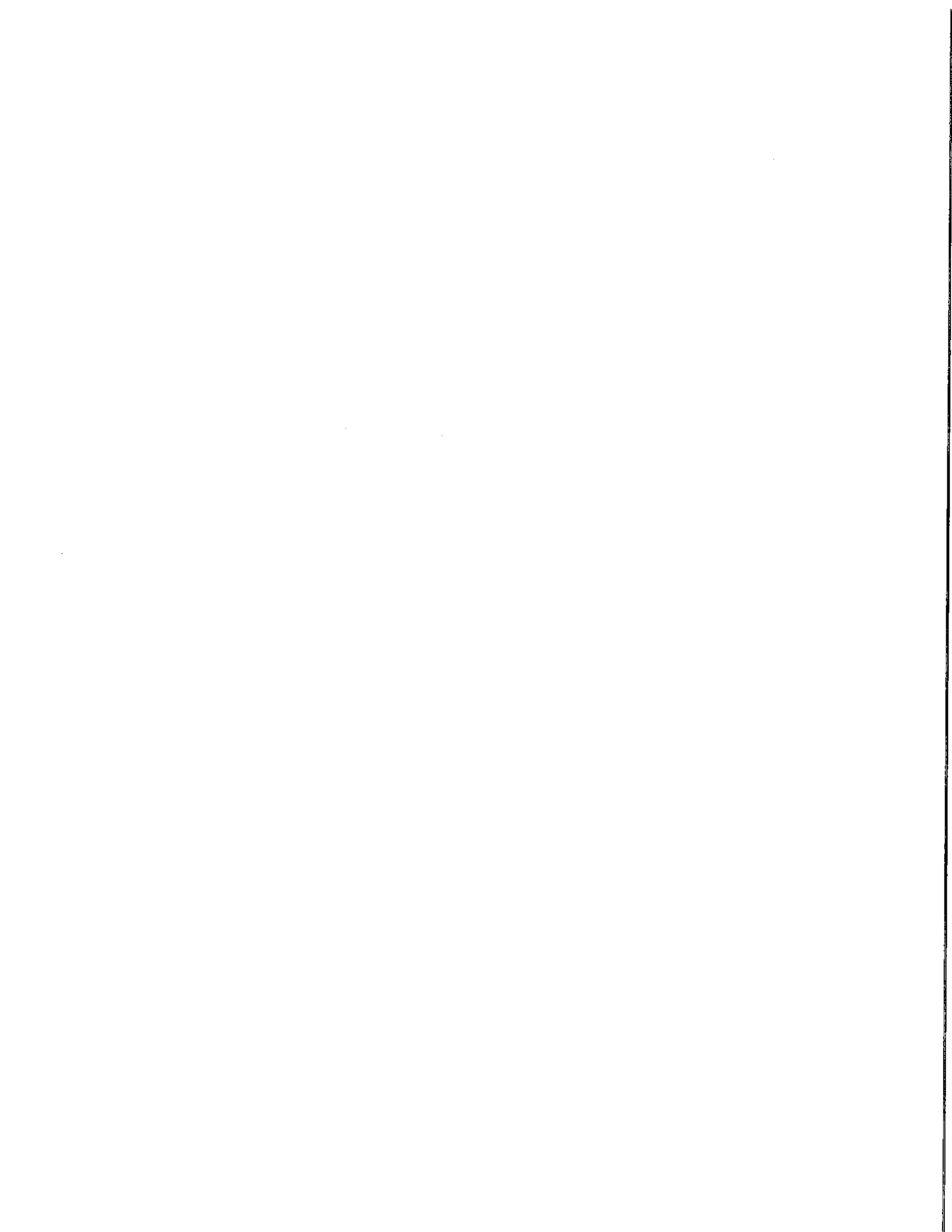
- Difficulty breathing, walking, or talking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms.

These signs indicate the need for emergency medical care. The steps that should be taken:

- Activate the emergency medical system in your area. Tel \_\_\_\_\_
- 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. \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

\_\_\_\_\_ Physician Signature \_\_\_\_\_ Date

*Source: Managing Asthma: A Guide for Schools. National Heart, Lung and Blood Institute (NHLBI). National Institutes of Health. U.S. Department of Health and Human Services and the Fund for the Improvement and Reform of Schools and Teaching. Office of Educational Research and Improvement: (OERI). U.S. Department of Education, September 1991. NIH Publication No. 91-2650.*

