

**ASTHMA ACTION PLAN**

**Student Information**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher or Class: \_\_\_\_\_

Physical Education Days and Times: \_\_\_\_\_

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

**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