

ASTHMA ACTION PLAN

Student
Photo

Student Information:

Student: _____ Birthdate: _____
School: _____ Grade/Rm. _____

Emergency Information:

Parent(s) or Guardian(s) _____
Mother: Tel (W) _____ Tel (H) _____
Father: Tel (W) _____ Tel (H) _____
Healthcare Provider _____ Tel _____

In case of emergency, contact:

1. Name _____ Tel _____
2. 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. Call 911.
- Call Parent/Guardian and/or Healthcare Provider

Triggers: _____

Name of Medication	Dosage	Time

Start Date _____ End Date _____

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

1. _____
2. _____
3. _____
4. _____

Signature of Parent/Guardian _____ Date _____

Signature of Prescriber _____ Date _____

PLEASE COMPLETE NEXT PAGE FOR PERMISSION TO CARRY INHALER