

# Asthma Action Plan

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## Student Information

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Physical Education Days and Times:

\_\_\_\_\_

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## Emergency Information

Parent(s) or Guardian(s)

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Mother: Tel (W) \_\_\_\_\_ Tel (H/C) \_\_\_\_\_

Father: Tel (W) \_\_\_\_\_ Tel (H/C) \_\_\_\_\_

Physician \_\_\_\_\_ Tel \_\_\_\_\_

Incase 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: 911
- Call parent/guardian or physician

Triggers:

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## Asthma Action Plan

### All Current Medications

Name of Medication	Dosage	Frequency

### Medications to be given at School (if any)

Name of Medication	Dosage	Frequency/Time

Medication Start Date \_\_\_\_\_ Medication Stop Date \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date