

# 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**