

ASTHMA ACTION PLAN

Student Information:

Name of Student: _____ Date of Birth: _____
School: _____ Grade: _____ Teacher: _____
Physical Education days & times: _____
Limitations or restriction (if any): _____

Emergency Information:

Parent(s') or guardian (s') names: _____
Mother Telephone: (w) _____ Father: Telephone (w) _____
(c) _____ (c) _____
Physician's name: _____ Telephone: _____

Incase of emergency contact:

1. _____ Telephone: _____
2. _____ Telephone: _____
3. _____ Telephone: _____

Asthma Emergency Acton

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.
 - Students specific signs & Symptoms _____
- _____
- _____

These sign indicate the need of emergency medical care. The steps that should be taken are:

- Activate the emergency medical system in your area: Phone _____
- Call parent/guardian or physician.

Trigger: _____

Personal best beak flow: _____