

ASTHMA ACTION PLAN

Student's Name _____ Grade/Homeroom _____ / _____

Physical Education Days and Times _____

Parent/Guardian _____

Mother: Telephone (W) _____ Father: Telephone (W) _____
(H) _____ (H) _____

Physician's Name _____ Telephone _____

Emergency contact persons (Name & Phone #):

1. _____
2. _____
3. _____

Possible signs of an asthma emergency:

- difficulty breathing, walking or talking
- blue or grey discoloration of the lips or fingernails
- failure of medication to reduce worsening symptoms

Personal best peak flow _____

Triggers _____

EMERGENCY MEDICAL CARE

- activate emergency medical system Phone: 911
- call parent/guardian or physician

Steps for an acute asthma episode
(to be completed by physician)

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

Parent's/Guardian's Signature _____ Date _____

Physician's Signature _____ Date _____