

NORWELL PUBLIC SCHOOLS ASTHMA ACTION PLAN

Student Information

Name of Student: _____ D.O.B. _____
Grade: _____ Teacher: _____
Physical Education Days and Times: _____

Emergency Information

Parent(s) or Guardian(s) name: _____

Mother: Telephone - Home _____ Cell: _____ Work _____
Father: Telephone - Home _____ Cell: _____ Work _____
Physician: _____ Telephone: _____

In case of emergency, contact:

1. _____
2. _____
3. _____

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 systems

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

- Activate the emergency medical system; Phone: _____
- Call parent/guardian or physician

Triggers:

Personal best peak flow:

All Current Medications

Name of Medication Dosage Time

ASTHMA ACTION PLAN (Continued)

Medications Given at School

Name of Medication Dosage Time _____

Steps for an Acute Asthma Episode
(Completed by Physician)

1.

2.

3.

4.

Parent's/guardian's signature

Physician's signature
