

WILLIAM G. VINAL SCHOOL

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 symptoms

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 _____