## Asthma Action Plan

<table>
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<tr>
<th>Child’s name:</th>
<th>DOB:</th>
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<table>
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<th>Mother emergency phone:</th>
<th>Father emergency phone:</th>
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<tr>
<th>Primary healthcare provider:</th>
<th>Emergency phone:</th>
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<th>Asthma specialist:</th>
<th>Emergency phone:</th>
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### Known triggers for this child’s asthma (circle all that apply):
- Animals
- Colds
- Excitement
- Exercise
- Flowers
- Grass
- Dust
- Mold
- Smoke
- Strong odors
- Tree pollen
- Weather changes
- Room deodorizers

**Foods (specify):**

**Other (specify):**

### Activities for which this child has needed special attention in the past (circle all that apply):
- Visiting Animals
- Outdoors on cold or windy days
- Smelling fumes from strong odors like paint or household cleansers
- Playing in freshly cut grass
- Exposure to pesticides
- Art projects with chalk, glue or fumes
- Gardening
- Petting animals
- Sitting on carpets
- Running hard

**Other (specify):**

<table>
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<tr>
<th>Personal best reading:</th>
<th>Reading to give extra dose of meds:</th>
<th>Reading to get medical help:</th>
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### How often has this child needed urgent care from a doctor for an asthma attack?

- In the past 3 months:  
- In the past 12 months:  

### Has this child ever been hospitalized for asthmas?  
- Yes  
- No  
- If yes, when?

### Typical signs and symptoms of the child’s asthma episodes? (circle all that apply)
- Breathing faster
- Difficulty playing, eating, drinking, talking
- Persistent coughing
- Gray/blue lips, fingernails
- Restlessness, agitation
- Chest pain/tightness complaints
- Face red, pale, swollen
- Wheezing, sucking in chest/neck
- Dark circles under eyes
- Fatigue
- Grunting

### In case of an asthma episode, the following steps will be followed:
- Have child sit and try to keep calm
- Give medication as prescribed, if available
- If there is no improvement after 15 minutes, or there is an increase in symptoms, CALL M.D. or 911

**I will provide the school with the child’s rescue inhaler or nebulizer medication and equipment to use with medication**

**I will not provide the school with the child’s rescue inhaler or nebulizer medication**

**I understand that an asthma episode can be life threatening and could lead to serious illness and/or death without the medication being available to the staff to administer at the onset of the asthma attack**

**My child does not have any prescribed medication**

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<tr>
<th>Parent/Guardian Signature:</th>
<th>Date:</th>
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<tr>
<th>Doctor Signature:</th>
<th>Date:</th>
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<tr>
<th>Doctor Name:</th>
<th>Phone:</th>
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