

SCHOOL ASTHMA EMERGENCY ACTION PLAN

Student: _____ Grade: _____ Teacher: _____

Common Asthma Attack Signs and Symptoms:

Persistent coughing Wheezing while breathing in or out
Shortness of breath Tightness in chest

NEVER SEND A CHILD WITH A SUSPECTED ASTHMA ATTACK ANYWHERE ALONE

Steps to take during an asthma attack:

1. Give medication: _____
Medication is located: _____
2. Observe student for at least 15 minutes or until symptoms are improved.
3. Contact parent if: _____

IMMEDIATELY CALL 911 FOR:	
<ul style="list-style-type: none"> RAPID, LABORED BREATHING SWEATY, CLAMMY SKIN UNABLE TO TALK IN FULL SENTENCES “PULLING IN” OF NECK AND CHEST WITH BREATHING 	<ul style="list-style-type: none"> BECOMING ANXIOUS NASAL FLARING COLOR CHANGES UNCONSCIOUS

Other Significant Health Conditions: _____

Health Care Provider: _____

Phone: _____ Fax: _____

Transportation: Bus # _____ Walk Parent/Guardian Pickup Personal Car

FAMILY AND EMERGENCY CONTACTS ☞ PLEASE PRINT

Name	Relationship	Phone(with area code)	Home/Work/Cell/Pager
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Distribution:

Teaching Staff PE Teacher Bus Driver Admin. Spclst. Playground _____