School Asthma	Action Plan Year		
Name	Grade/room		
	Home phone		
Work phone	_ Cell phone		
	Phone		
Physician	lospital preference		
Asthma Management Plan Identify the things which may star exercise respiratory infections change in temperature/weather animals	strong odors/fumes dust rcarpets in room pollens/grass/weeds molds		

Signs/symptoms of an attack

Medication plan

List names of medications given, how given (inhaler, nebulizer, pills), when given (daily, during an asthma episode), and if medication will be needed at school. Please call the school nurse if child needs medication kept at school. Peak flow monitoring is also available at school.

Daily medication 1 2 Emergency medication 3 4		time 	school (y/n) 	
Steps to take during an a 1. Give medication if ava 2. If no medication at sch	ilable at school.			
3. Have student return to	class if,		·	
4. Contact parent if				
5. Seek emergency medical care if: No improvement 15-20 minutes after initial treatment Hard time breathing-chest and neck pulled in -child hunched over -child struggling to breath Trouble walking or talking Lips or fingernails are gray or blue Other				

6. Parent signature_

*nebulizer machine available at school for student use, contact school nurse for information regarding use