

STUDENT ASTHMA ASSESSMENT AND EMERGENCY PLAN

Student Name _____	Grade _____
Date of Birth _____	Home Phone Number _____
Father's Name _____	Cell Phone Number _____
Mother's Name _____	Cell Phone Number _____
In case of emergency please contact:	
Name _____	Relationship _____ Phone _____
Physician student sees for asthma _____	Phone _____

Please identify triggers that start an asthma episode (check **all** that apply and specify if necessary)

- | | |
|---|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Molds/Pollens |
| <input type="checkbox"/> Dust/Mites | <input type="checkbox"/> Food (specify) _____ |
| <input type="checkbox"/> Change in season | <input type="checkbox"/> Respiratory infections |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Other: _____ |

Does child have any activity restrictions? _____

Are any triggers life-threatening? Yes No

Does your child take any asthma medication? No Yes (name of medication) _____

Will your child need to keep any medication **at school**? Yes No

Will your child **carry an inhaler** with him/her? Yes No

**** (If yes, you must have your physician sign a medication permission form and return it to the office by the first day of school)**

Please check all warning signs that your child is having an asthma attack:

- | | | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Feeling weak | <input type="checkbox"/> Tightness in chest | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Itchy throat | <input type="checkbox"/> Runny nose | <input type="checkbox"/> Sneezing | Other _____ | |

EMERGENCY PLAN WILL BE:

- Calm child – encourage slow, deep breathing
- Give medication or inhaler
- Stay with child for 15 minutes
- Send child back to classroom if improved
- Call parent

IF CONDITION WORSENS (DIFFICULTY BREATHING, BLUE OR GRAY DISCOLORATION, INCREASED ANXIETY) THE FOLLOWING EMERGENCY STEPS WILL BE TAKEN:

- School will call 911, then call parent/emergency contact person
- An adult will stay with the child until emergency contact person arrives
- School will give a copy of this form to EMS and emergency contact person

Parent's Signature _____ Date _____