An Action Plan for School Files

Sample

This information expires on June 30, _____

SCHOOL-BASED ASTHMA ACTION PLAN

Endorsed by the Michigan Asthma Steering Committee of the Michigan Department of Community Health

STUDENT INFORMATION

Child's Name: _____ Birth Date: _____

Grade: _____ Home Room Teacher: _____

Physical Education Days and Times: _____

EMERGENCY INFORMATION

TO BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN

Parent/Guardian Name(s): _____

_____

First Priority Contact: Name: _____
Phone: _____

Second Priority Contact: Name: _____
Phone: _____

Doctor's Name: **Phone:**

TO BE COMPLETED BY THE CHILD'S DOCTOR

WHAT TO DO IN AN ACUTE ASTHMA EPISODE:
1.
2.
3.

CALL 911 OR AN AMBULANCE IF: (Review attached "Signs of an Asthma Emergency" and list any additional symptoms the child may present with.)

DAILY MANAGEMENT PLAN – TO BE COMPLETED BY THE CHILD'S DOCTOR

OVER FOR DAILY MANAGEMENT PLAN ?

Child's Name: _____

Beware of the following asthma triggers:

_____

Severe Allergies: _____

Child's Name_____School_____Teacher_____

MEDICATIONS TO BE GIVEN AT SCHOOL:

NAME OF MEDICINE	DOSAGE	WHEN TO USE

Side effects to be reported to health care provider: _____

Does this child have exercise-induced asthma? **Yes No**

☐ This child uses an inhaler before engaging in physical exercise and if wheezing during physical activity.

Activity Restrictions (e.g., staying indoors for recess, limited activity during physical education):

Please check all that apply:

☐ I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child **should be allowed to carry and use** that medication by him/herself.

☐ It is my professional opinion that this child **should not** carry his/her inhaled medications or epi-pen by him/herself.

☐ Please contact my office for instructions in the use of this nebulizer, metered-dose inhaler, and/or epi-pen.

☐ I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow is _____.

Doctor's Signature: _____ Date: _____

Parent/Guardian Signature(s): _____ Date: _____

_____ Date: _____