

Providence Christian School

3800 North Shingle Road · P.O. Box 719

Shingle Springs, CA 95682

Phone: 530.672.6657 · Fax: 530.672.6189

Asthma Action Plan 2018-2019

Student Information

Name of Student: _____ DOB: _____

Grade: _____ Teacher: _____

Physical Education Days and times: _____

Emergency Information

Parent's or guardian's name: _____

Mother's Work Phone: _____

Father's Work Phone: _____

Home Phone: _____

Physician's name: _____ Office Phone: _____

In case of emergency contact:

1. _____

2. _____

3. _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

- difficulty breathing, walking, or talking
- blue or gray discoloration of the lips or fingernails
- failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken are:

* call 911

* call parent/guardian

Triggers:

Personal best peak flow _____

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Asthma Action Plan 2018-2019 *Part II*

All Current Medications

| Name of medication | Dosage | Time |
|--------------------|--------|------|
| | | |
| | | |
| | | |
| | | |

Medications to Be Given At School (if any)

| Name of Medication | Dosage | Time |
|--------------------|--------|------|
| | | |
| | | |
| | | |
| | | |

Steps for an Acute Asthma Episode - *(to be completed by physician)*

1. _____
2. _____
3. _____
4. _____

Parent's Signature

Date

Physician's Signature

Date