

# 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

School Year: \_\_\_\_\_

### 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 *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