



**SCHOOL ASTHMA ACTION PLAN**  
(Please print legibly)

(To be completed at the beginning of each school year and kept on file with the school nurse or health office)

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Teachers' Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Physician student sees for asthma: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Daily Treatment Plan**

Please list any medication taken daily to manage asthma including nebulizer treatments, with specific instructions

Name	Purpose	Dosage	When to use
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

These medications are prescribed for the time period of \_\_\_\_\_ until \_\_\_\_\_.

**Medical Equipment**

Please list any medical equipment this student will need to treat his/her asthma at school.  
(i.e., spacer, nebulizer, oxygen, pulse oximeter etc.)

---

---

---

---

---

Reference: CDC, <https://www.cdc.gov/asthma/actionplan.html>



**EMERGENCY PLAN**

**Emergency Action is necessary when this student has symptoms such as:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Steps to take during an asthma episode:**

1. Give emergency medications:

A. Bronchodilator (quick - relief medication)

Name \_\_\_\_\_

Purpose \_\_\_\_\_

Dosage \_\_\_\_\_ When to use: \_\_\_\_\_

Can be repeated for severe breathing difficulty \_\_\_\_\_ time(s) \_\_\_\_\_ minutes apart.

Oxygen saturation with pulse oximeter (if available): Norms expected for student are: \_\_\_\_\_% to \_\_\_\_\_%.

**Call 911 or EMS if minimal or no improvement**

B. Other medications:

Name	Purpose	Dosage	When to use
------	---------	--------	-------------

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional instructions: \_\_\_\_\_

These medications are prescribed for the time period of \_\_\_\_\_ until \_\_\_\_\_.

2. Seek emergency care if this student experiences any of the following:

- No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached
- Oxygen saturation is at or below \_\_\_\_\_%
- Student exhibits:

Chest and neck pulled in with breathing	Hunched over while breathing	Struggling to breathe
Stops playing and cannot start activities	Trouble walking or talking	Lips or fingernail turn gray or blue

Comments and special instructions: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature (stamp not accepted) Date

\_\_\_\_\_  
Parent/Guardian's Signature Date

Reference: CDC, <https://www.cdc.gov/asthma/actionplan.html>