

SCHOOL OR CHILD CARE ASTHMA/ALLERGY ACTION PLAN



Return to
Ada City Schools
Health Services

Please have physician fill
out a Prescription
Medication Authorization
form from our website if an
inhaler will need to be left
at school.

Name:	
DOB:	
Parent/Guardian #1 Name:	
Address:	
Phone (home):	Phone (work):
Parent/Guardian #2 Name:	
Address:	
Phone (home):	Phone (work):
Emergency Contact #1 Name:	
Relationship:	Phone:
Emergency Contact #2 Name:	
Relationship:	Phone:
Physician Child Sees for Asthma/Allergies:	
Phone:	
Other Physician:	
Phone:	

Daily Asthma Management Plan

Identify the Things That Start an Asthma/Allergy Episode

(Check each that applies to the child)

- | | | | |
|---------------------------------------|---|--------------------------------|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Bee/insect sting | <input type="checkbox"/> Latex | <input type="checkbox"/> Respiratory infections |
| <input type="checkbox"/> Dust mites | <input type="checkbox"/> Exercise | <input type="checkbox"/> Smoke | <input type="checkbox"/> Change in temperature |
| <input type="checkbox"/> Pollens | <input type="checkbox"/> Chalk dust/dust | <input type="checkbox"/> Molds | <input type="checkbox"/> Strong odors |
| <input type="checkbox"/> Food: _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

Control of Child Care Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.)

Daily Medication Plan for Asthma/Allergy (Emergency medicines listed on next page)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

Outside Activity and Field Trips (List medications that must accompany the child when participating in outside activities and/or field trips)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

