

Stratham Memorial School

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ASTHMA ACTION PLAN

STUDENT INFORMATION

Name of Student: _____ Grade: _____ Teacher: _____

Physical Education Day and Time: _____

EMERGENCY INFORMATION

Parent/Guardian (s') names:

Telephone numbers where parents/guardians can be reached during the school day:

Physician's Name: _____

Telephone: _____

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:

- Activate the emergency medical system in your area; **CALL 911**
- Call parent/guardian or physician.

Triggers:

Personal best peak flow: _____

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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)

Parent/Guardian's Signature: _____ Date _____

Physician's Signature: _____ Date _____