

Carmichaels Area School District Asthma Management Plan

Student Information

Name of Student: _____ D.O.B - _____
 Grade: _____ Homeroom Teacher or Class: _____
 Physical Education Days and Times: _____

Emergency Information

Parent(s)/Guardian(s) Names: _____
 Mother Telephone (W)- _____ Father Telephone (W)- _____
 Telephone (H): _____ Telephone (H)- _____
 Physician's Name: _____ Telephone: _____

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:

- Activate the emergency medical system in your area; Phone: _____
- Call parent/guardian or physician.

Triggers: _____

Personal best peak flow _____

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/Guardian's Signature _____

Physician's Signature _____