

**Le Sueur - Henderson Public Schools
Asthma Action Plan**

Student Information:

Name: _____ Date of Birth: _____
Grade: _____ Homeroom Teacher: _____

Emergency Contact Information:

Parent/Guardian: _____
Mother - Phone (H): _____ (W): _____
Father - Phone (H): _____ (W): _____
Physician/Clinic: _____ Phone: _____

In case of emergency and unable to reach a parent, contact:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Asthma Action Plan:

Please send to the office for assessment of respiratory status, evaluation and treatment/medication administration if any of the following signs/symptoms are present.

- Difficulty breathing (shortness of breath)
- Difficulty walking or talking
- Wheezing, coughing
- Complaints of chest tightness
- Change in skin color - blue/gray discoloration of lips or fingernails

Please discuss with your physician the steps you would like the school to take for your child in case of an asthma emergency. If, in the judgment of the school personnel, a medical emergency exists, 911 will be called.

List the steps to be taken for an asthma emergency: (Steps may include giving prescribed medication/inhaler, calling 911 or calling parents.)

1. _____
2. _____
3. _____
4. _____

Triggers: _____

Inhaler is located in the nurse's office? Yes _____ No _____ Where? _____

Student is independent with the use of his/her inhaler? Yes _____ No _____

Please Note: If medication (inhaler) is to be given at school, it must be accompanied by a physician's order and signed parent consent.

Parent/Guardian Signature: _____ Date: _____

School Nurse: _____ Date: _____