***Riverside Public Schools***
***District 96***

# STUDENT ASTHMA ACTION PLAN

| Student's Name | | School | |
|---|---|---|---|

| Parent/Guardian Name | | Home Phone # | |
|---|---|---|---|
| Work Phone # | | Cell Phone # | |
| Parent/Guardian Name | | Home Phone # | |
| Work Phone # | | Cell Phone # | |
| Emergency Contact Name | | Home Phone # | |
| Work Phone # | | Cell Phone # | |

| Physician's Name | | Office Phone # | |
|---|---|---|---|

## DAILY MANAGEMENT PLAN

**Triggers**

Identify the things that may start, or trigger, an asthma episode (Check the symptoms that apply):

- ☐ Exercise
- ☐ Respiratory Infections
- ☐ Changes in temperature
- ☐ Animal fur/dander
- ☐ Molds
- ☐ Insect bites/stings*
- ☐ Strong odors or fumes
- ☐ Chalk dust
- ☐ Carpeting
- ☐ Pollens
- ☐ Food*: _____

* Does student have Epi-Pen? ☐ Yes ☐ No

List any environmental control measure, pre-medication procedure, and/or dietary restriction the student requires to aid in preventing the onset of an asthma episode:

_____

_____

Does the student measure his/her **peak flow** at school on a daily basis? ☐ Yes ☐ No
If yes, please fill in the numbers for each range:

Green: _____ Yellow: _____ Red: _____

**Daily Medication Plan**

| Name of Medication | Type (Inhaler, tablet, etc.) | Dosage | When to Use | Use at home, *school or both |
|---|---|---|---|---|
| | | | | |

*A completed and signed *School Medication Physician/Parent Authorization* form must be on file at the school for **each** medication to be administered during the school day.

*If the student is to possess his/her asthma medication(s) on his/her person and self-administer his/her medication, a completed, signed *Student Self-Administration of Asthma Medication* form must be on file in the school office and the blank form can accessed from the district website.

***Riverside Public Schools***
***District 96***

**STUDENT ASTHMA ACTION PLAN**

**EMERGENCY PLAN**

| | | | |
|---|---|---|---|
| Student's Name | | School | |
| Medical Diagnosis | ☐ | Date of Birth | |
| Preferred Hospital in case of emergency | | | |
| Insurance Company | | Policy/Group Number | |
| Physician' Name | | Office Phone # | |

| IF YOU SEE THIS… | DO THIS… | |
|---|---|---|
| Complaints of tightness in chest, coughing or wheezing | **1.** | Administer or have student self-administer the following medication(s):<br>Med: _____<br>Dose: _____<br><br>Med: _____<br>Dose: _____ |
| | **2.** | Observe student closely for any change in condition. |
| | **3.** | Allow student to return to class or normal activity if symptoms are relieved after using medication. |
| No change in symptoms within 15 minutes of using medication(s) | **1.** | Repeat medication(s) as listed in Step 1 above. |
| | **2.** | Contact parent/guardian to inform him/her student has used medication X2 with little or no improvement |
| No improvement in symptoms after second dose of meds are administered **and** unable to contact parent/guardian | **1.** | Call 9-1-1 |
| | **2.** | Continue to try and contact parent/guardian |
| Symptoms worsen **or** student is hunched over, having difficulty breathing, unable to speak, use of neck and shoulder muscles to assist in breathing effort, lips and/and or nail beds blue in color | **1.** | Call 9-1-1 |
| | **2.** | Call parent/guardian |
| | **3.** | Remain with student until EMS personnel arrive |
| Student becomes unconscious | **1.** | Start CPR |
| | **2.** | Call 9-1-1 |
| | **3.** | Call parent/guardian |

**I give permission for my child to be transported by emergency personnel in the event of a severe asthma episode, as described above.**

_____ _____

Parent/Guardian's Signature Date

**I give permission for school personnel to release a copy of this plan/emergency form to emergency personnel in the event it is necessary to transport my child to the hospital.**

_____ _____

Parent/Guardian's Signature Date

**I authorize school personnel to implement this management and emergency plan as described above.**

_____ _____

**Physician's Signature** Date

_____ _____

Parent/Guardian's Signature Date