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# Asthma Action Plan

## Student Information

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

## Emergency Information

Parent(s) or 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 \_\_\_\_\_