## HEALTH SERVICES

## STUDENT ASTHMA ACTION PLAN—PERMISSION TO CARRY INHALER

| Please print:   |  |   |   |
|---|--|---|---|
| Student NameAddress   | (  | Grade   |   |
| Address   |  | Statt   | Age DOB   |
| 1. I al cul/ unarman Nama   |  |   |   |
| Call This # First:<br>2. Parent/Guardian Name   | Work #   | Home I none_  | Coll #  |
| 2. Parent/Guardian Name   |  | Home Phone  | Cen #   |
| Call This # First:  | Work #   |   | Cell #  |
| DAILY ASTHMA MANAGEMENT   | DT AN.   |   |   |
| Daily Home Medication:  | L'AN:  |   |   |
|   |  |   |   |
| 2   | _ Amount   | Time  | Frequency   |
| Normal peak flow reading:   | _ Amount   | Time  | Frequency<br>Frequency  |
| Identify asthma trigger(s): (check all t  | 1  |   | 1 7   |
| Exercise  |  |   |   |
| Respiratory infection   |  | rong odors or fumes   |   |
|   |  | halk dust   |   |
| Change in Temperature   | Pc   | ollens  |   |
| Animals   | M  | olds  |   |
| Foods   |  | ther  |   |
| Comments  |  |   |   |
| Emergency action is necessary when the<br>, or has a peak flow<br>Steps to take during an asthma episod<br>Give medications as listed blow:<br>Medication name:<br>Medication name: | e:   | Deserve   |   |
| Medication name:  |  | Dosage  | Time  |
| . If little or no relief:   |  | Dosage  | Time  |
| May repeat inhaled medicati<br>OR<br>Give nebulizer treatment of<br>minutes of inh  |  |   | ed name and amount) - for-  |
|   | area medication.   | ( <i>m</i> .  | anter and amount) after   |
| Call parent and "911" if no in  | area medication.   | ( <i>m</i> .  | anter and amount) after   |
| Call parent and "911" if no in  | mprovement.  | DL  |   |
| Call parent and "911" if no in hysician name  | mprovement.  | Phone number_<br>Date   |   |
| Call parent and "911" if no in hysician name  | de the clinic <u>must</u> repo<br>de the clinic <u>must</u> repo<br>de the clinic <u>must</u> repo<br>de clinic.<br>de clinic. | Phone number_<br>Date<br>Date<br>ort the use to the staff me<br>high school campuses, st<br>tudents with permission<br>ad the school nurse.<br>oper way to use his/her in<br>ould be allowed to carry<br>should <u>not</u> carry or         | ember responsible for the<br>tudents may carry a second inhaler on<br>to carry respiratory inhalers are<br>schaled medications. It is my<br>and use that medication by<br>r use his/her inhaled medication by |
| Call parent and "911" if no in<br>hysician name   | de the clinic <u>must</u> repo<br>ties and the size of the l<br>l report to the clinic. St<br>e clinic.<br>ician, their parents, an<br>in the pro<br>sh  | Phone number_<br>Date<br>ort the use to the staff me<br>high school campuses, st<br>tudents with permission<br>ad the school nurse.<br>oper way to use his/her in<br>ould be allowed to carry<br>should <u>not</u> carry or<br>Date         | ember responsible for the<br>udents may carry a second inhaler on<br>to carry respiratory inhalers are<br>shaled medications. It is my<br>and use that medication by<br>r use his/her inhaled medication by   |
| Call parent and "911" if no in<br>hysician name   | de the clinic <u>must</u> repo<br>de the clinic <u>must</u> repo<br>de the clinic <u>must</u> repo<br>de the clinic. St<br>e clinic.<br>ician, their parents, an<br>in the prosh   | Phone number_<br>Date<br>Date<br>ort the use to the staff me<br>high school campuses, st<br>tudents with permission<br>ad the school nurse.<br>oper way to use his/her in<br>ould be allowed to carry<br>should <u>not</u> carry or<br>Date | ember responsible for the<br>udents may carry a second inhaler on<br>to carry respiratory inhalers are<br>shaled medications. It is my<br>and use that medication by  |

4