

**Whitewater Unified School District  
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:** Phone #(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
**Father:** Phone # (H): \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

In case of emergency, contact:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Asthma Emergency Action**

**The following are possible signs of any 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 Medical Emergency Response Team in your building :
- ◆ call parent/guardian or physician
- ◆ call 911
- ◆ call school nurse

**Triggers:** \_\_\_\_\_  
\_\_\_\_\_

Personal best peak flow \_\_\_\_\_

**Current Medication-Indicate if taken at school**

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 \_\_\_\_\_