



Asthma Emergency Action Plan

Student's Name: _____ Date of Birth: ___/___/___ School Year: _____ Program: _____

Emergency Contact Information

Name #1: _____ Relationship _____
 Home phone: _____ Work Phone: _____ Cell Phone: _____
Name #2: _____ Relationship _____
 Home phone: _____ Work Phone: _____ Cell Phone: _____
Physician: _____
 Phone: _____ Fax: _____

Signs of Student's Asthma Flare – circle all that apply:

Wheeze Cough Chest Feels Tight Difficulty Breathing Difficulty Talking Other _____

Steps to be taken by school personnel during an asthma flare:

1. Ensure access to emergency medication as directed per the attached Medication Request Form.
2. Student should then remain in location until symptoms have resolved. May take 10-15 minutes after taking quick acting inhaler.
3. Notify parent that emergency medication was given as needed.

If no asthma medication is available, or if asthma medication does not produce expected relief from the asthma episode within 10 minutes after taking the medicine, or if symptoms are worsening:

(Required by Ohio Revised Code section 3313.716)

1. Call 911 and contact parent if any of the following signs/symptoms occur:
 - Continuous cough or chest tightness
 - No improvement 10 minutes after initial treatment with medication
 - Obvious difficulty breathing or child states struggle to breathe
 - Chest and neck pulled in with breathing
 - Child is hunched over, has difficulty walking and/or talking
 - Stops playing and cannot start activity again
 - Lips or fingernails are gray or blue
2. Other special physician instructions _____

Physician's Signature: _____ **Date:** _____

I give authorization for self-administration and possession of asthma medication by my child while in school, at school sponsored activities, while under supervision of school personnel, and while in before- and after-school care on school-operated property. My child demonstrates full understanding of the proper use of his/her asthma medication. I take sole responsibility for:

- monitoring the asthma medication, use of medication and refilling of prescriptions for asthma medications
- ensuring the student always carries his/her asthma medication of his/her person
- deciding if backup medication will be kept at the school and providing the school with the backup medication
- informing the school staff in writing of any changes in the student's treatment or asthma management or changed medical information
- informing school staff in writing of any medication side effects that the school should notify me if they occur.

I release the school district and its employees and agents of any legal responsibility related to my child's possession and self-administration of his/her asthma medication.

Parent/Guardian Signature: _____ **Date:** _____

I, _____ understand and agree to the terms of the asthma action plan. I have been instructed in the proper use of my prescription asthma medication and fully understand how and when to use this medication. I will always carry my medication with me and will not allow another student to use my medication under any circumstances.

Student Signature: _____ **Date:** _____

This completed "Asthma Emergency Action Plan" will be on file with the school nurse and a copy will be given to your child's teachers, as necessary.

***NOTE:** If a student carries their own inhaler and self-administers in school locations other than the clinic, it is the parent's responsibility to review with the student when the student should come to the clinic/office for additional medical assistance.