Kewaunee School District

Asthma Action Plan

Student Name:DOB:			
Parent/Guardian Name:Emergency Contact:			
		Provider Name:	Phone:
How often do asthma attacks occur? Has student ever been treated in the hospital for asthma and when? Best flow rate: How often? Best flow rate:			
		List any conditions that usually trigger an asthma a conditions).	
		Circle the signs that are usually present during an a Coughing	asthma attack:
• Wheezing			
• Feels frightened			
• Short of breath			
Bluish color of skin/nails			
• Other			
Medication and Dose How often	Taken at school?		
The usual procedure followed at school for asthma is: 1. Allow student to use prescribed asthma medication of the student and student and student and monitor for symptoms. • If symptoms decrease after 15 minutes, re • If symptoms remain the same after 15 minutes, re • If symptoms increase in severity, will call	oing warm fluids. turn to class.		
[] I have instructed in the medications. It is my professional opinion that he this inhaled medication by his/herself.			
[] It is my professional opinion that	should not carry and use his/her		
inhaled asthma medication by his/herself.			
Parent/Guardian Signature:	Date:		
Physician's Signature:	Date:		
School Nurse:	Date:		

Note: The district medication policy requires parental and licensed provider signatures on district forms for all medications administered during school activities. Any treatments or test and activity restrictions require written directions from the student's health care provider.

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