

SCHOOL EMERGENCY ASTHMA PLAN
Guidance for Non-licensed School Personnel
Asthma Individual Health Plan

Section 504 Plan ☐

Student: _____ DOB: _____

Parent: _____ Phone:(H) _____ (W) _____

Second Contact Person: _____ Phone: _____

Common Asthma Attack Signs and Symptoms:

Persistent coughing Wheezing while breathing in or out Shortness of breath Tightness in chest

Steps to take during an asthma attack:

1. Give medications as listed below.
2. Have student return to classroom if: _____
3. Contact parent if: _____

Emergency Asthma Medications:

Medication Name	How much	When To Use
1. _____	_____	_____
2. _____	_____	_____

Student can Self Administer medications ☐ Yes ☐ No

CALL 911 NOW FOR:

- Rapid, labored breathing
- "Pulling in" of neck and chest with breathing
- Unable to talk in full sentences
- Becoming anxious
- Nasal flaring
- Sweaty, clammy skin

AND GIVE EMERGENCY MEDICATIONS LISTED ABOVE

NEVER SEND A CHILD WITH A SUSPECTED ASTHMA ATTACK ANYWHERE ALONE

Other significant health condition(s): _____

Preferred Hospital: _____

Special Instructions:

- ☐ If child is having difficulty breathing, do not allow the child to walk home unaccompanied from school
- ☐ Call parent if student develops asthma symptoms.
- ☐ Medications for field trip ☐ Yes ☐ No

Distribution List

- ☐ Teaching staff
- ☐ PE teacher
- ☐ Secretary
- ☐ Bus driver
- ☐ Playground supervisor
- ☐ Principal
- ☐ _____

Parent's Signature _____

_____ Date

Nurse's Signature _____

_____ Date