

# WEeping WATER PUBLIC SCHOOLS

204 WEST O STREET, PO BOX 206

WEeping WATER NE 68463

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*"Every Student, Every Day, Life Long Learning is the Weeping Water Way"*

## ASTHMA/ANAPHYLAXIS ACTION PLAN

STUDENT \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

History of Asthma \_\_\_\_\_yes \_\_\_\_\_no

Last date of asthma episode requiring emergency treatment/medication \_\_\_\_\_

Trigger of Asthma: Please check all that apply

_____ cold air	_____ exercise	_____ aerosol sprays
_____ humidity	_____ mowed grass	_____ animals
_____ perfume	_____ strong odors/fumes	_____ tobacco smoke
_____ chalk dust	_____ carpet	_____ molds
_____ dust	_____ food	_____ pollens
_____ respiratory infections	_____ change/temperature	_____ other

History of allergies: \_\_\_yes \_\_\_no

Last date of allergies episode requiring emergency treatment/medication \_\_\_\_\_

\_\_\_\_\_

Triggers of allergic reaction: \_\_\_\_\_

Maintenance medications: \_\_\_\_\_

Emergency medications: \_\_\_\_\_ At school

1. \_\_\_\_\_ \_\_\_\_\_yes \_\_\_no

2. \_\_\_\_\_ \_\_\_\_\_yes \_\_\_no

Student may carry emergency medication with them during school \_\_\_\_\_yes \_\_\_\_\_no

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_