

Wolf Branch School District

125 Huntwood Road
Swansea, Illinois 62226
Phone (618) 277-2100 Fax (618) 277-9786

Mr. Scott Harres, Superintendent
Mrs. Madonna Harris, Elementary School Principal

Dr. Nicole Sanderson, Assistant Superintendent
Mrs. Jennifer Poirot, Middle School Principal

Child Asthma Action Plan

Child's Name: _____ Grade _____ Teacher _____

1. **Triggers that might start an asthma episode for this child:** (Please circle all that apply)
 Exercise Animal Dander Cigarette smoke, strong odors Respiratory Infection
 Pollens Foods Temperature Changes Molds
 Irritants Emotions Other: _____

2. **Control of School Environments:**
 _____ Environmental measures to control triggers at school _____
 _____ Pre-Medications (prior to exercise, recess) _____
 _____ Dietary Restrictitons _____

3. **Peak Flow Monitoring:**
 _____ Monitor Peak Flow Personal Best Peak Flow _____ Monitoring Times _____
 _____ Do Not Monitor Peak Flows

4. **Routine Asthma and Allergy Medication:**

Medication Name	Dose/ Frequency	When to Administer At Home	When to Administer At School

5. **Asthma Medications** (must be current, and have the original prescription label) and must be kept on hand in the nursing office. If the child attends and off-site field trip, a staff member will be instructed on correct use of asthma medications and bring a copy of the Asthma Action Plan along with emergency contact information.

Parent/Guardian Signature: _____ Date: _____
 Phone Numbers: _____
 Physician Signature: _____ Date: _____
 Reviewed by School Nurse (signature) _____ Date: _____

(Parents: Please initial below if you would like us to share your student's asthma action care plan with the following individuals.)

Permission to share **Asthma Action Care Plan** with: _____ Teacher _____ Bus Driver