

St. Thomas More School

INDIVIDUAL EMERGENCY HEALTH CARE PLAN ASTHMA ACTION PLAN

NAME_____D.O.B._____

GRADE_____TEACHER(S)_____

ASTHMA ACTION PLAN

Usual Signs Of Student's Asthma:

☐ Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other_____

Signs student's asthma is getting worse

☐ Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other_____

Student's Asthma Triggers

☐ Cold/Flu ☐ Exercise ☐ Smoke ☐ Pollens ☐ Dust ☐ Other

Does child wear medic alert jewelry? ☐ Yes ☐ No Type:_____

Asthma Medication Requirements (Including relievers, preventers, symptom controllers, combination)

Name of Medication(s)_____

Method_____ When and how much? _____

Location of Medication ☐ Office ☐ Backpack ☐ On Person ☐ Other

Self-Administration: My child has been instructed in the correct way to use the above medication and should be permitted to carry inhaler and self administer in school without supervision.

Circle One: YES NO

Back up Inhaler to be kept in the School Office/Health Room:

Circle One: YES NO

◆ **Asthma attack occurs at school, follow these steps:**

1.

2.

3.

4.

Other Special Instructions:

I understand that:

- ◆ If symptoms are not relieved by steps taken above and symptoms indicate for emergency care, school personnel will call 911.
- ◆ If my child does not keep an inhaler in the school office/health room and/or self-administers medications in locations other than the school office/health room, it is my responsibility to review with my child when he/she come to the school office for additional medical assistance.
- ◆ A list of emergency contacts has been provided

◆ EMERGENCY CONTACTS

1. Name _____ Relationship _____

Home
Phone _____ Work _____ Cell _____

2. Name _____ Relationship _____

Home
Phone _____ Work _____ Cell _____

3. Name _____ Relationship _____

Home
Phone _____ Work _____ Cell _____

.....
Parent
Signature _____ Date _____

Physician
Signature _____ Date _____

School
Office _____ Date _____

Copies:

☐ Parent ☐ Physician ☐ Health Aide ☐ Teacher(s) ☐ PE ☐ Library ☐ Music/Band ☐ Art ☐
Computer

☐ Spanish ☐ Cafeteria ☐ Auxiliary ☐ Recess Aide ☐ Transportation (provided by parent guardian)

☐ Office/Principal

.....
It is the parents' responsibility to notify and provide the IECF to the appropriate transportation District and after school functions.