



ASTHMA CARE PLAN

Student Name _____ Grade _____

Classroom teacher/advisor: _____

required picture

Parent/guardian contact: _____ cell _____

Other emergency contact: _____ phone _____

Hospital preference: _____

Symptoms of most concern for this student are:

Nearly 5 million children have asthma. It is the leading cause of school absence in the United States. For students with poorly controlled asthma, it is not uncommon to miss many days of school. Please take the time, to help us understand how your student manages his/her asthma symptoms.

- Student takes daily medication for asthma: yes _____ no _____
Name of medication (s) _____
- Has student ever been hospitalized for asthma? yes _____ no _____
How many times? What year? _____
- Does student carry albuterol inhaler for emergencies? yes _____ no _____
- If student is in Children's School this year, will student keep inhaler with the teacher? yes _____ no _____
Does student know how to use inhaler? yes _____ no _____
- Does student use a Peak Flow Meter? yes _____ no _____
Will Peak Flow Meter be kept on campus? yes _____ no _____
- Please advise us of peak flow readings, or symptoms, which are of concern for your student. You may use the space below.
 1. Peak flow readings should be between _____ and _____. No additional medication or treatment is necessary.
 2. If peak flow readings are between _____ and _____, or the student is _____
_____ (please describe symptoms),
the student will require additional medication.
He/she uses _____ inhaler (name of medication); _____ puffs.
 3. Student should respond to medication in _____ minutes.
- Additional information or concerns:

Signature of parent: _____ Date _____

Signature of physician: _____ Date _____