



Alcoa City Schools Asthma Action Plan

Name

DOB

PARENT TO COMPLETE

Parent Name

Phone Number

Emergency Contact

Phone Number

- I give permission for the medicines listed below to be administered in school by nurse or other trained staff as appropriate.
- I consent to communication between the prescribing healthcare provider or clinic, the school staff as needed for diagnosis and medication management.

Parent Signature

Date

HEALTHCARE PROVIDER TO COMPLETE

Diagnosis for inhaler (ex. asthma, RAD)

Name of Treating Provider

Phone Number

Medications for diagnosis

MEDICAL PLAN

1. Monitor for signs and symptoms of asthma exacerbation.
If wheezing, coughing, SOB, or breathing problems after activity give:

 2. If no relief 4 hours after medication **or** rapid increase in symptoms call parents and give:

 3. If child continues to struggle to breathe and no improvement, cannot walk or talk in full sentences, or cyanotic lips of fingertips call 911.
- Give student inhaler as directed below 10-15 minutes prior to physical activity

Comments/special Instructions:

Provider signature

Date

SCHOOL NURSE TO COMPLETE

- This student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell staff if symptoms do not improve.

Signature

Date

Date medication received

Exp date of medication