

School Asthma Action Plan

Student Name _____ Teacher/Team _____

1. Triggers that might start an asthma episode for this student:

- Exercise Animal Dander Cigarette smoke, strong odors Respiratory Infections
 Pollens Temperature Changes Foods _____ Emotions (e.g. when upset)
 Molds Irritants (e.g. chalk dust) Other _____

2. Control of the School Environment:

_____ Environmental measures to control triggers at school _____
 _____ Pre-Medications (prior to exercise, choir, band, etc.) _____
 _____ Dietary Restrictions _____

3. Peak Flow Monitoring

_____ Monitor Peak Flow:
 Personal Best Peak Flow _____ Monitoring Times _____
 _____ Do Not Monitor Peak Flow

4. Routine Asthma and Allergy Medication Schedule

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

5. Field Trips: Asthma Medications and supplies must accompany student on all field trips. Staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan and Contact Phone Numbers.

1. Parent to Contact _____
 Phone Number(s) _____
2. Other Person to Contact in Emergency _____
 Phone Number(s) _____

Parent/Legal Guardian Signature _____ Date _____

Reviewed by the School Nurse _____ Date _____