



# ASTHMA EMERGENCY PLAN

|   |                                   |
|---|-----------------------------------|
| Student's Name:   | <b>Place Student Picture Here</b> |
| Date of Birth:  |                                   |
| Teacher: <span style="float: right;">Grade:</span>                  |                                   |
| Parent / Guardian: <span style="float: right;">Phone #:</span>      |                                   |
| Address: <span style="float: right;">Postal Code:</span>            |                                   |
| Parent / Guardian: <span style="float: right;">Phone #:</span>      |                                   |
| Address: <span style="float: right;">Postal Code:</span>            |                                   |
| Emergency Contact: <span style="float: right;">Relationship:</span> |                                   |
| Home Phone #: <span style="float: right;">Work #:</span>            |                                   |
| Emergency Contact: <span style="float: right;">Relationship:</span> |                                   |
| Home Phone #: <span style="float: right;">Work #:</span>            |                                   |
| Doctor's Name: <span style="float: right;">Phone #:</span>          |                                   |

**Has your child ever required emergency care for Asthma?**     Yes                       No

1. Check  each item which may TRIGGER an asthma episode:

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Excitement / upset     | <input type="checkbox"/> Chalk dust          |
| <input type="checkbox"/> Pollens  | <input type="checkbox"/> Food                  | <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Carpets in the room |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Moulds                | <input type="checkbox"/> Strong odours / fumes  | <input type="checkbox"/> Other _____         |

2. How often does your child experience asthmatic episodes?

- |                                |                                 |                                     |                                      |
|--------------------------------|---------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Seasonally | <input type="checkbox"/> Other _____ |
|--------------------------------|---------------------------------|-------------------------------------|--------------------------------------|

3. Symptoms that your child experiences:

- |  |                                      |                                 |  |
|--|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Coughing            | <input type="checkbox"/> Wheezing    | <input type="checkbox"/> Pallor | <input type="checkbox"/> Tightening in chest |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Other _____ |                                 |  |

**Medications that your child uses at home:**

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

When to use: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

When to use: \_\_\_\_\_

**EMERGENCY RESPONSE – Steps to take during an asthma episode:**

1. Call 911 Ambulance and designated first aider if the child:
  - Has trouble walking or talking
  - Stops playing and can't start activity again
  - Lips or fingertips are gray or blue
  - Has hard time breathing (chest / neck pulled in with breathing / hunched over)
2. Observe until ambulance arrives.
3. Give emergency asthma medications. Medication is located at school at: \_\_\_\_\_
4. Contact parent
5. Special instructions: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM TO THE SCHOOL AND DISCUSS WITH OFFICE STAFF AND ALL YOUR CHILD'S TEACHERS**