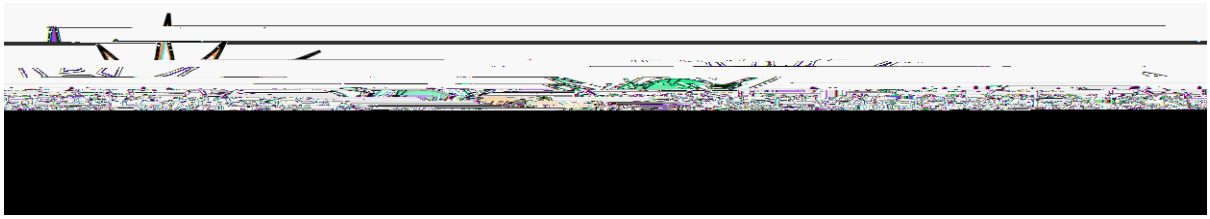

STUDENT ASTHMA ACTION PLAN

Name: _____ Grade: _____ Age: _____
Homeroom Teacher_____ Room: _____
Parent/Guardian Name: _____ Phone: _____
Parent/Guardian Name: _____ Phone: _____
Emergency Phone Contact #1_____
Name Relationship Phone
Emergency Phone Contact #2_____
Name Relationship Phone
Physician _____
Name Phone

EMERGENCY PLAN
Emergency action is necessary when the student has sympt 62 00009 12 0 62 2 re W* B/F2 12 Tf1 0 0 1 18 8.02 53

Daily Asthma Management Plan

Identify the things which start an asthma episode. Check each that applies to the student.

___Exercise	___Strong odors or fumes	___Respiratory infections
___Chalk dust/ dust	___Change in temperature	___Carpets in the room
___Animals	___Pollens	___Mold
___Food	___Other _____	

Comments_____