SHEBOYGAN AREA SCHOOL DISTRICT

School Year_____

STUDENT ASTHMA HEALTH ACTION PLAN

Student's Name_____ Birthdate_____

School_____ Grade_____ Teacher/HR_____

Parent/Guardian_____

Address_____

Phone (Home)_____ (Work)_____ (Cell)_____

Emergency Phone Contact_____ Relationship_____ Phone_____

Physician Student Sees for Asthma_____ Phone_____

Other Physician_____ Phone_____

How long has your child had asthma?_____ months/years

Please rate the severity of his/her asthma on a scale of 1 (not severe) to 10 (severe) _____

How many days would you estimate he/she missed school last year due to asthma?_____ days

Identify what triggers an asthma episode (Check each that apply to the student.)

- ☐ Exercise
- ☐ Respiratory Infections/Illness
- ☐ Weather
- ☐ Animals
- ☐ Strong odor/fumes
- ☐ Chalk dust
- ☐ Carpets in the room
- ☐ Pollens
- ☐ Molds
- ☐ Cigarette/Other Smoke
- ☐ Emotions
- ☐ Other _____
- ☐ Food _____
- ☐ Allergies _____

Comments_____

What symptoms does your child have prior to an asthma episode? (Check each that apply to the student.)

- ☐ Hoarseness, throat clearing
- ☐ Dark circles under eye
- ☐ Shortness of breath
- ☐ Wheezing
- ☐ Coughing
- ☐ Facial changes
- ☐ Anxious, fidgety
- ☐ Chest tightness

What does your child do at home to relieve an asthma episode? (Check each that apply to the student.)

- ☐ Stop activity
- ☐ Breathing exercises
- ☐ Rest/Relaxation
- ☐ Drink liquids
- ☐ Sit in upright position
- ☐ Take medications
- ☐ Inhaler
- ☐ Nebulizer
- ☐ Oral medications
- ☐ Other directions for an acute asthma episode: _____

Please list any medications your child takes for asthma:

	Name of Medication	Dose	Frequency
(In School)			
(At Home)			

Has your child been taught how to use a spacer or other device with his/her inhaler? Yes ☐ No ☐

NOTE: Parents are responsible for providing medication to be given during school. A Parent/Guardian Medication Authorization Form (5330 F1) needs to be filled out and signed by a doctor each school year. Medications must be in the original labeled container. Wisconsin law 118.291 allows students to self-carry inhalers with written permission from their doctor and parent. It is in the best interest of your child if school personnel are aware that your child carries an inhaler to assist him/her in monitoring its effectiveness.

PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS ACTION PLAN

Does your child need any special considerations related to his/her asthma while at school?
(Check any that apply to the student and describe briefly.)

☐ Modified gym class _____
☐ Modified recess outside _____
☐ No animal pets in classroom _____
☐ Avoiding certain foods _____
☐ Emotional or behavior concerns _____
☐ Special consideration while on field trips _____
☐ Special transportation to and from school _____
☐ Observation for side effects from medication _____
☐ Other _____
☐ Does your child need to monitor peak flow readings during the school day?
Personal Best Peak Flow number _____
Monitoring Times _____

Emergency Plan

Emergency action is necessary when the student has symptoms such as a cough, shortness of breath, and/or chest pain.

Refer to Student's Individualized Plan of care
If no individualized plan of care, follow actions listed below:

1. Give medications as authorized.
2. Have student return to classroom if symptoms improve after treatment. Continue to monitor student's condition throughout the day.
3. Contact parent/emergency contact if there is no improvement.
4. **Call 9-911 to seek emergency medical care if the student has any of the following:**
   - No improvement 15-20 minutes after initial treatment
   - Difficult time breathing with:
     - Chest and neck pulled in with breathing
     - Student is hunched over
     - Student is struggling to breathe
   - Trouble walking or talking
   - Stops playing and can't start activity again
   - Lips or fingernails are gray or blue

Comments/Special Instructions:

_____

_____

_____

This information may be shared with the classroom teacher(s), bus driver and other appropriate school personnel with a need to know.

Parent/Guardian Signature:_____ Date_____