

**ASTHMA EMERGENCY PLAN**

Student \_\_\_\_\_ School \_\_\_\_\_  
Medical Diagnosis \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Preferred Hospital in case of Emergency \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**IF YOU SEE THIS...**

**DO THIS...**

Complaints of tightness in chest,  
Coughing or wheezing

1 Administer or have student self-administer the following  
medications:

Med \_\_\_\_\_ Dose \_\_\_\_\_  
Med \_\_\_\_\_ Dose \_\_\_\_\_

2 Observe student closely for any change in condition.  
3 Allow student to return to class or normal activity if  
symptoms relieved after using medication

15 minutes of using medication(s)  
No change in symptoms within

1 Repeat medication(s) as listed in Step 1 above  
2 Contact parent/guardian to inform him/her student has  
used medication X 2 with little or no improvement

No improvement in symptoms after  
second dose of meds and unable to  
contact parent/guardian after second  
dose administered

1 Call 9-1-1  
2 Continue to try and contact parent/guardian

Symptoms worsen or student is hunched  
over, difficulty breathing, unable to  
speak, use of neck and shoulder muscles  
to assist in breathing effort, lips and/or  
nail beds blue in color

1 Call 9-1-1  
2 Call parent/guardian  
3 Remain with student until EMS arrive

Student becomes unconscious

1 Start CPR  
2 Call 9-1-1  
3 Call parent/guardian

**I give permission for my child to be transported by emergency personnel in the event of a severe  
asthma episode, as described above.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**I give permission for school personnel to release a copy of this plan/emergency form to emergency  
personnel in the event it is necessary to transport my child to the hospital.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**I authorize school personnel to implement this management and emergency plan as described above.**