

# *Our Lady Help of Christians Academy*

## Asthma Action Plan 2016-2017 Academic Year

### Part I: To be completed by parent or guardian

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Person(s) to notify in case of an acute asthma episode:

\_\_\_\_\_  
*Name and relationship to student* *telephone*

\_\_\_\_\_  
*Name and relationship to student* *telephone*

Physician:

\_\_\_\_\_  
*Name of physician (first and last)* *telephone*

\_\_\_\_\_  
*Physician street address* *City, State, ZIP*

### Part II: To be completed by physician

Steps to take if student has an acute asthma episode:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Medications used and dosages:

1. \_\_\_\_\_
2. \_\_\_\_\_

List of allergens or asthma triggers. If unknown, please write "Unknown.":

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signed \_\_\_\_\_  
*Physician Signature* *Date*