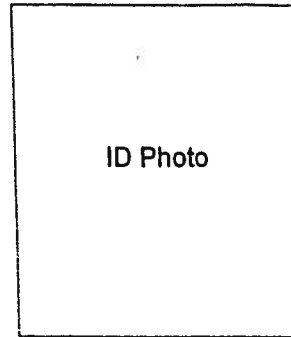


ASTHMA ALERT

Last Name: _____ First Name: _____ Initial _____

DOB: ____ / ____ / ____ Health Care No.: _____
(Day / Month / Year)

Room: _____ Grade: _____



Signs of worsening asthma are:

- Has a hard time breathing and:
 - Chest and neck are pulled in with breathing
 - Is hunched over
 - Struggles to breathe
 - Can't say a complete sentence in one breath
- Trouble walking or talking
- Becomes quiet or withdrawn
- Lips or fingernails are gray or blue
- Coughing, wheezing or rapid breathing

This child's indicators of worsening asthma are: _____

Emergency Action Plan

Act immediately and **do not** leave child alone.

Stay calm, reassure the child.

Listen to the child. Believe what the child is telling you.

1. Remove the child from the environmental triggers.
2. Have the child stop all physical activity.
3. Give the prescribed medications:

Drug Name	Dosage (amount)	When to Use
_____	_____	_____
_____	_____	_____

4. Call 911 if _____
5. Notify the parents / guardians.

Emergency Contacts

Mother / Guardian _____ Phone (H) _____ Phone (W) _____

Father / Guardian _____ Phone (H) _____ Phone (W) _____

Other _____ Relationship _____ Phone (Day) _____

I consent to the Emergency Action Plan and administration of the prescribed medications as outlined above.

Name of Parent / Guardian (Please print)

Signature of Parent / Guardian

Date



Daily Asthma Management

Asthma can be controlled by avoiding triggers and using medication properly. In spite of this, sudden attacks may occur; therefore, the child (or an accompanying) must keep his / her medication with them at all times.

Identify triggers (check all that apply to the child)

- | | | |
|---|---|--|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Animal | <input type="checkbox"/> Pollen |
| <input type="checkbox"/> Respiratory infection | <input type="checkbox"/> Mold | <input type="checkbox"/> Change in temperature |
| <input type="checkbox"/> Perfume / cologne / aftershave | <input type="checkbox"/> Chalk dust | <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Strong odor or fume | <input type="checkbox"/> Carpet in room | <input type="checkbox"/> Other _____ |

Environment

List environmental control measures the child requires to prevent an asthma attack.

List activity guidelines the child requires to prevent an asthma attack.

Symptoms of Asthma

All individuals with asthma are unique. Children with asthma may exhibit one or several of the above signs. Some children may not appear to be in distress. All symptoms are of equal importance. Symptoms of asthma include:

- labored breathing
- chest tightness
- wheezing
- cough
- cough with phlegm

The child's specific symptoms are:

Parent Comments / Special Instructions

AT RISK STUDENTS

Parents are responsible to ensure the school has necessary information regarding their child. Parents are strongly encouraged to have a complete assessment of their child's condition from a physician AND to provide the school with a WRITTEN, ACTION PLAN.

1. At-risk students MUST wear a medical alert bracelet (necklaces are not recommended as they can be concealed under clothing, particularly during winter).
2. A buddy system and/or support grouping may be used in cases where it is requested or seen as helpful to medical students.
3. At any time that you have questions, concerns or suggestions, contact the school office/administration.

By working together and through open communication your child will be more assured of a safe and controlled environment.

Consent for use of Personal Medical Information

I hereby consent to having a picture and medical information for _____ displayed in the infirmary of Muriel Martin Elementary School. I understand this information is displayed in order to help staff provide appropriate medical care if the need arises.

Signature

Date

OR

I do not consent to this personal information being display in the infirmary.

Signature

Date