

Christ the King Catholic School

Individualized Student Asthma Treatment Plan

School Year 2016--2017

STUDENT INFORMATION

Name _____ Date of Birth _____ Grade _____

P.E. Days/Times _____

Recess Days/Times _____

EMERGENCY INFORMATION

Home Phone _____

Mother _____ Work Phone _____ Cell Phone _____

Father _____ Work Phone _____ Cell Phone _____

Physician _____

Physician Phone Number _____

KNOWN TRIGGERS (circle)

Smoke	Dust	Mold	Animals (fur/feathered)
Cockroaches	Odor/fumes	Pollen	Cold Air
Exercise	Respiratory Infections	Other _____	

INSTRUCTIONS for ACUTE ASTHMA EPISODE: (to be completed by physician)

1. Check peak flow (health care provider must order) Yes _____ No _____ (if no, go to step 2)

2. Give medication as listed below. Student should improve within 15-20 minutes.

3. Name of Medication Dosage Frequency (when to use)

a. _____

b. _____

c. _____

4. Seek emergency medical care (**911**) for any of the following

- Continuous coughing
- Shortness of breath with walking, talking or sitting
- Blue or gray discoloration of lips or fingernails
- No improvement 15-20 minutes after initial medication treatment
- Peak flow of (specific to student) _____
- Other _____

5. Notify parents/guardian and or emergency contacts

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____