

Christ the King
Individualized Student Asthma Treatment Plan

School Year 2017--2018

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.

Name of Medication	Dosage	Frequency (when to use)
1. _____		
2. _____		
3. _____		
3. 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 _____
4. Notify parents/guardian and or emergency contacts

Physician Signature _____ **Date** _____
Parent/Guardian Signature _____ **Date** _____