GRACE SCHOOL
10219 Ella Lee Lane, Houston, Texas 77042
713-782-4421 | www.graceschool.org

Student Asthma Action Card

Name _____ Grade _____ Age _____

Homeroom Teacher _____ Room _____

Please Provide ID Photo

Parent/Guardian
Name _____ Home Phone _____
Address _____ Work Phone _____

Parent/Guardian
Name _____ Home Phone _____
Address _____ Work Phone _____

Emergency Phone Contact #1 _____
Name Relationship Phone

Emergency Phone Contact #2 _____
Name Relationship Phone

Physician Treating Student for Asthma _____ Phone _____

Other Physician _____ Phone _____

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as, _____ , _____ _____, _____ , or has a peak flow reading of _____.

- **Steps to take during an asthma episode:**
  1. Check peak flow.
  2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
  3. Contact parent/guardian if _____
     _____
  4. Re-check peak flow.
  5. Seek emergency medical care if the student has any of the following:
     - ✔ Coughs constantly
     - ✔ No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
     - ✔ Peak flow of _____
     - ✔ Hard time breathing with:
       - Chest and neck pulled in with breathing
       - Stooped body posture
       - Struggling or gasping
     - ✔ Trouble walking or talking
     - ✔ Stops playing and can't start activity again
     - ✔ Lips or fingernails are grey or blue

IF THIS HAPPENS, GET EMERGENCY HELP NOW!

EMERGENCY ASTHMA MEDICATONS

Name	Amount	When to Use
1.		
2.		
3.		
4.		

DAILY ASTHMA MANAGEMENT PLAN

- **Identify the things which start an asthma episode** ***(Check each that applies to the student.)***

❑ Exercise
❑ Respiratory infections
❑ Change in temperature
❑ Animals
❑ Strong odors or fumes
❑ Chalk dust / dust
❑ Carpets in the room
❑ Pollens
❑ Molds
❑ Food _____
❑ Other _____

Comments _____

- **Control of School Environment** *(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.)*

- **Peak Flow Monitoring**

Personal Best Peak Flow number: _____

Monitoring Times: _____ _____ _____ _____

DAILY MEDICATION PLAN

Name	Amount	When to Use
1.		
2.		
3.		
4.		

Comments/Special Instructions _____

FOR INHALED MEDICATIONS

❑ I have instructed _____ in the proper way to use his/her medications.
It is my professional opinion that _____ should be allowed to carry and use that medication by him/herself.

❑ It is my professional opinion that _____ should not carry his/her inhaled medication by him/herself.

_____ _____
Physician Signature Date

_____ _____
Parent/Guardian Signature Date