East Central Catholic Schools

FORM 312-8

ASTHMA ALERT PLAN

Student Name:_____ Grade:_____

Teacher:_____

Photo of Student

Identify Triggers (check all that apply to the child):

☐ Exercise	☐ Animal	☐ Pollen
☐ Respiratory Infection	☐ Mold	☐ Change in temperature
☐ Perfume/Cologne/Aftershave	☐ Chalk Dust	☐ Food:_____
☐ Strong odor or fume	☐ Carpet in room	☐ 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.

_____

_____

A person having asthma might have any of these signs and symptoms:	**Signs of worsening asthma are:**

• Laboured Breathing
• Chest tightness
• Wheezing
• Cough
• Cough with phlegm
	• Has a hard time breathing with:
	  ○ Chest and neck 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	  ○ Becomes quiet or withdrawn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
	  ○ Cough, wheeze or rapid breathing

The child's specific symptoms are:

_____

_____

Parent Comments / Special Instructions

_____

_____

Act quickly. The first signs of asthma can be mild, but symptoms can get worse very quickly.

1. **Act immediately and do not leave the child alone.** Stay calm, reassure the child. Listen to the child. Believe that the child is telling you.
2. **Remove the child from the environmental triggers.**
3. **Have the child stop all physical activity.**
4. **Give the prescribed medications as below.**

Drug Name	Dosage (amount)	When to use

5. **Call 911 if** _____

6. Call emergency contact person (e.g. parent, guardian)

Emergency Contact Information				
Name	**Relationship**	**Home Phone**	**Work Phone**	**Cell Phone**

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

Name of Parent/Guardian (please print) Signature of Parent/Guardian Date