



This information expires on June 30, \_\_\_\_\_

# **SCHOOL BASED ASTHMA MANAGEMENT PLAN**

Endorsed by the Michigan Asthma Steering Committee of the Michigan Department of Community Health

## **STUDENT INFORMATION**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Physical Education Days and Times: \_\_\_\_\_

## **EMERGENCY INFORMATION**

\*To be completed by the child's parent/guardian

Parent/Guardian Names: \_\_\_\_\_  
\_\_\_\_\_

First Priority Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Second Priority Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



\*To be completed by the child's health care provider

## **WHAT TO DO IN AN ACUTE ASTHMA EPISODE:**

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## **CALL 911 OR AN AMBULANCE IF:**

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OVER FOR DAILY MANAGMENT PLAN 

Child's Name: \_\_\_\_\_

Be aware of the following asthma triggers:

\_\_\_\_\_  
\_\_\_\_\_

Severe Allergies:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS TO BE GIVEN AT SCHOOL:**

Name of Medicine

Dosage

When to use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Side effects to be reports to health care provider: \_\_\_\_\_

\_\_\_\_\_

This child has exercise induced asthma and uses an inhaler before engaging in physical exercise.

This child has exercise induced asthma and uses an inhaler during physical activity if wheezing.

Activity Restrictions: (example: staying indoors for recess, limited activity during physical education, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child **should be allowed to carry and use** this medication by him or herself (*option available only to middle and high school students*).

It is my professional opinion that this child **should not carry their own medications** (either inhaler or epi-pen).

Please contact my office for instructions in the use of this nebulizer, metered-dose inhaler, and/or epi-pen.

I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow is: \_\_\_\_\_.

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_