

**EMERGENCY PROCEDURE – ASTHMA**

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

1. Briefly describe the child's asthma symptoms: (circle appropriate symptoms)

- |                  |                     |
|------------------|---------------------|
| Wheezing         | Coughing            |
| Blue Lips        | Shortness of Breath |
| Blue Finger Tips | Nose Opens Wide     |
| Dizziness        | Tight Chest         |
| Anxiety/Panic    | Other _____         |

2. What causes these symptoms?

- |                 |             |
|-----------------|-------------|
| Seasonal        | Allergies   |
| Weather Changes | Emotions    |
| Activity        | Other _____ |

3. How often does your child have problems?

- |         |              |
|---------|--------------|
| Daily   | Occasionally |
| Weekly  | Other _____  |
| Monthly |              |

4. Are there any activities in which your child cannot fully participate? (e.g. running, aerobics, basketball, soccer, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* If a student is unable to participate in the physical education program for a period in excess of three consecutive days, a physician's statement is required and filed for future reference. The physician should state the nature of the disability/illness and the length of time the student's activity is restricted.**

5. Does your child use a peak flow meter? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, Normal Baseline: \_\_\_\_\_

6. Name the medications taken routinely:

<b>MEDICATION:</b>	<b>DOSE:</b>	<b>HOW OFTEN:</b>	<b>SIDE EFFECTS:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please indicate how you would like school personnel to respond should the need arise. Number in order of priority:

Administer medication as prescribed \_\_\_\_\_

Allow child to rest for 30 minutes \_\_\_\_\_

Call parent/guardian \_\_\_\_\_

Call M.D. \_\_\_\_\_

Call 911 \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

8. Does your child understand asthma and what he/she should do to manage it?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Comments:**

\_\_\_\_\_  
(Parent/Guardian Signature)

**This information will be shared with those with a need to know.**