



Student's Name _____ **Grade** _____ **Date of Birth** _____

Emergency Information

Parent or Guardian names: _____

Parent or Guardian 1: Tel (W) _____ Tel (H) _____

Parent or Guardian 2: Tel (W) _____ Tel (H) _____

Physician: _____ Tel _____

In case of emergency, please contact:

1. Name _____ Tel _____

2. Name _____ Tel _____

3. Name _____ Tel _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

- Difficulty breathing, walking, or talking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken:

- Activate the emergency medical system in your area. Tel _____
- Call parent/guardian and/or physician

Known Triggers: _____

Personal Best Peak Flow: _____

PLEASE COMPLETE REVERSE SIDE →



All Current Medications

Name of Medication	Dosage	Time
1		
2		
3		
4		

Medications to be Given at School

Name of Medication	Dosage	Time
1		
2		
3		
4		

Steps for an Acute Asthma Episode (to be completed by physician)

Parent/Guardian Signature

Date

Physician Signature

Date

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