

# STUDENT ASTHMA/ALLERGY ACTION PLAN

Dear Parent,

We have noted on your child's health form that your child has asthma and/or severe allergies. **Answer all questions on this form** and return it to the School Nurse tomorrow.

Student \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_  
Teacher \_\_\_\_\_

How often does your child have attacks? \_\_\_\_\_

Has your child been in the hospital this past year ? \_\_\_\_\_

Does your child use an:

Inhaler \_\_\_\_\_ Nebulizer \_\_\_\_\_ Peak Flowmeter \_\_\_\_\_

Epipen \_\_\_\_\_

What things cause an asthma attack?

Infection/cold \_\_\_\_\_ Seasonal allergy \_\_\_\_\_ Cold air \_\_\_\_\_

Stress \_\_\_\_\_ Exercise \_\_\_\_\_ Foods \_\_\_\_\_

Insects \_\_\_\_\_ Odors? \_\_\_\_\_ Other \_\_\_\_\_

What Medicine Does Your Child Take?

Medicine	Amount Taken	Time of Day

We need a "Rescue Inhaler" kept at school. Would you provide one? \_\_\_\_\_

### In Case of An Asthma/Allergy Attack

1. Your child will be given their "rescue" inhaler and allowed to rest as necessary. We will encourage them to breathe slowly and sip warm fluids until they feel better.
2. If after 15 min, they are still having difficulty, we will call you at what phone number? \_\_\_\_\_.
3. Does your child need to be given an **Epipen**? \_\_\_\_\_ If so, please send us your child's doctor orders.
4. If we cannot reach you by phone, and your child continues to have labored breathing, sweating, looks pale or slightly blue around their lips and respiratory rate and heart rate are abnormal, **we will call 911** to ask the paramedics to come. If they decide to transport your child to the hospital, what hospital do you want them to use? \_\_\_\_\_.  
(Wylie ISD is not responsible for any ambulance fees)

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician statement:** I have instructed this student and give my permission for this student to carry an inhaler and self administer their medication:

**Physician signature:** \_\_\_\_\_