



School-Based Asthma Management Plan

This information expires on June 30, 20____

Student Information

Student's Name: _____ Birth Date: _____ Teacher/Classroom: _____

Physical Education Days and Times: _____

Emergency Information

***To Be Completed by Student's Parent/Guardian**

Parent/Guardian Name(s) _____

First Priority Contact: Name _____ Phone: _____

Second Priority Contact: Name _____ Phone: _____

Physician's Name: _____ Phone: _____

Emergency Procedures

***To be Completed By Student's Physician**

What to do in an acute Asthma Episode:

1. _____
2. _____
3. _____

Call 911 or an Ambulance if: Review attached "Signs of an Asthma Emergency" and list any additional symptoms the child may present with:

Daily Management Plan - to be completed by Student's Physician