

HILLCREST SEVENTH-DAY ADVENTIST SCHOOL
Asthma Action Plan

If your student has asthma, we ask that this completed form be brought to school in a Ziploc bag with “controller” medicines in addition to “rescue” medicines. This labeled Ziploc bag will be kept in your student’s classroom and will be brought on any field trips.

Student’s Name _____ DOB _____ Grade _____

Does student have asthma?

- Yes
 No *(do not complete the rest of the form)*

Doctor’s Name _____ Phone Number _____

Emergency Contact _____ Emergency Phone _____

| Asthma Triggers | | | |
|--|----------------|-----------------|-------------|
| <input type="checkbox"/> Pollen | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Exercise | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Mold | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Cold/Flu | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Dust mites | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Weather | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Animals | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Air Pollution | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Smoke | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Food | Medicine _____ | How much? _____ | When? _____ |
| <input type="checkbox"/> Other | Medicine _____ | How much? _____ | When? _____ |

Asthma Analysis:

| SAFETY ZONE | | | |
|---------------------------|--|-----------------|-----------------------|
| Symptoms | Use “Controller” medicines as listed: | | |
| | Medicine | How much | How often/when |
| • Breathing is easy | | | |
| • No cough or wheeze | | | |
| • Can do usual activities | | | |

| CAUTION ZONE | | | |
|--|--|-----------------|-----------------------|
| Symptoms | Continue with “Controller” medicines listed above and ADD these “Rescue” medications: | | |
| | Medicine | How much | How often/when |
| • Some shortness of breath | | | |
| • Cough, wheeze, or chest tightness | | | |
| • Some difficulty doing usual activities | | | |
| • Symptoms of a cold or flu | | | |

| DANGER ZONE | | | |
|----------------------------------|--|-----------------|-----------------------|
| Symptoms | Take this medicine and call the doctor NOW! | | |
| | Medicine | How much | How often/when |
| • Severe breathing problems | | | |
| • Cannot do usual activities | | | |
| • Difficulty walking and talking | | | |
| • Medicine is not helping | | | |