

2019-2020 ASTHMA ACTION CONTROL PLAN

Medication is Kept (please check one): ☐ Office ☐ Backpack ☐ Classroom

STUDENT'S NAME: _____

DOB: _____ TEACHER: _____

PARENT'S NAME: _____

Symptoms of MILD to MODERATE asthma (circle all that apply):

Cough Congestion/allergy symptoms Dark circles under eyes

Wheezing Cries easily or grumpy Change in appetite

Other (please list): _____

Start the following medicine:

- 1.
- 2.

Symptoms of SERIOUS asthma (circle all that apply):

Symptoms above getting worse Nasal flaring Constant cough

Wheezing Unable to talk, cry or play Skin between ribs pulled tight

Give the following treatment and then CALL 9-1-1

- 1.
- 2.

(over)

**CALL 9-1-1 IF CHILD HAS BLUE LIPS, FINGERNAILS, CAN'T WALK OR TALK
OR BECOMES LETHARGIC**

EMERGENCY CONTACTS:

Name	Relationship	Phone Number

Parent Signature and date: _____