

# Muskegon Catholic Central Elementary School School-Based Asthma Management Plan

(To be completed by the Student's Parent/Guardian)

## Child's Personal Information

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Emergency Information

Parent/Guardian Name(s):

\_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Primary Emergency Contact:

\_\_\_\_\_

Phone # \_\_\_\_\_

Secondary Emergency Contact:

\_\_\_\_\_

Phone # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

\_\_\_\_\_

## **To Be Completed By The Child's Physician**

### What To Do In An Acute Asthma Episode

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### When to Call 911/Ambulance (list the additional symptoms the student may present)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Daily Management Asthma Plan – Completed by the Child's Physician on Reverse Side

# Daily Management Asthma Plan

Child's Name: \_\_\_\_\_

**Asthma Triggers:**

\_\_\_\_\_

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Medications To Be Dispensed At School:**

Name of Medicine	Dosage	When To Use

**Possible Side Effect To Be Report To The Child's Physician:**

\_\_\_\_\_

\_\_\_\_\_

**Does Student Have Exercise-Induced Asthma?** Yes \_\_\_\_\_ No \_\_\_\_\_

**This Student Uses An Inhaler Before Engaging In Physical Exercise And If Wheezing**

**During Physical Activity:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Activity Restrictions: (if applicable:**

\_\_\_\_\_

**Please Check ALL That Apply:**

\_\_\_\_\_ I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child should be allowed to carry and use that medication by him/herself.

\_\_\_\_\_ It is my professional opinion that this student should NOT carry his/her inhaled medications or EpiPen by him or herself.

\_\_\_\_\_ Please contact my office for instructions in the use of this nebulizer, metered-dose inhaler, and/or EpiPen

\_\_\_\_\_ I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow is: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_