



Asthma Emergency Care Plan for School/Field Trips

Must be Reviewed Every Year

Name of Student _____ School _____

Teacher/Grade _____ Date _____

Dear Parent:

We understand that your child has asthma. Please complete this form and return it to school as soon as possible.

If your child needs medication at school, we must have a completed medication authorization form.

It is your responsibility to inform after school staff regarding your child’s medical needs.

School Nurse

Phone

Parent to Complete:

Asthma Triggers (Circle asthma triggers):

Allergies, exercise, infection, changes in temperature, fragrances, smoke

What you may see/hear (Circle warning signs):

Wheezing (high pitched noise with breathing), excessive coughing, difficulty breathing, “tight chest” feeling and/or struggling to breathe

_____ Student has an inhaler. **(Medication Authorization required even if student self-carries medication.)**

_____ Student does not have an inhaler.

_____ Student no longer requires medical intervention/medication for asthma.

School to Complete:

Interventions:

- Keep student calm and resting in a comfortable position. **Do not leave student alone.**
- Administer inhaler if available at school. Location _____
- Offer sips of water, caffeinated coffee, tea or soda, preferably at room temperature.
- **If symptoms continue, notify parent and call first responders.**
- If student is unable to speak, anxious, lips are blue or inhaler has not helped, **call first responders and 911.**

The school nurse may communicate with the student’s health care provider(s):

Dr. _____ Phone _____

Parent/Guardian Signature _____ Date _____

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.