

**JACKSON R-2 SCHOOL DISTRICT
ASTHMA ACTION PLAN**

Student Name _____ DOB _____ Teacher/Team _____
 Mode of transportation (bus or parent transport) _____

1. Triggers that might start an asthma episode for this student:

- Exercise Animal Dander Cigarette smoke, strong odors Respiratory Infections
- Pollens Temperature Changes Foods Emotions (e.g., when upset)
- Molds Irritants (e.g., chalk dust) Other _____

2. Control of the School Environment:

- Environmental measures to control triggers at school _____
- Pre-Medications (prior to exercise, choir, band, etc.) _____
- Dietary Restrictions _____

3. Peak Flow Monitoring:

- Monitor Peak Flow:
 Personal Best Peak Flow _____ Monitoring Times _____
- Do Not Monitor Peak Flow

4. Routine Asthma and Allergy Medication Schedule

Medication Name	Dose/Frequency	When to Administer	
		At Home	At School

5. Field Trips: Asthma medications and supplies must accompany student on all field trips. Staff Members must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan/Quick Relief Emergency Plan and the contact phone numbers.

- a) Parent to Contact _____
 Phone Number(s) _____
- b) Other Person to Contact in Emergency _____
 Phone Number(s) _____

6. Call 911 for immediate action if:

- Difficulty in breathing or walking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms

Parent/Legal Guardian Signature _____ Date _____
 Reviewed by the School Nurse _____ Date _____

Student Name _____

Yearly review – please notify nurse if your child’s mode of transportation is changing from last year.
(see page 1 under student name)

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____