

SCHOOL GUIDELINES FOR THE STUDENT WITH ASTHMA

Student Name _____ Birth Date _____
School _____ Grade _____ Date _____

In case of emergency and parents cannot be contacted, please call:
Name _____ Relation _____ Phone _____

EMERGENCY PROTOCOL FOR SCHOOL PERSONNEL

SYMPTOMS TO WATCH FOR:

*Tightness in chest *Wheezing *Shortness of Breath
*Breathing hard and fast *Coughing *Nasal Flaring

POSSIBLE TRIGGERS OF AN ATTACK

*Dust *Animals *Molds/Pollens
*Strong Odors/Fumes *Exercise *Cold/Temperature Change
*Upper Respiratory Infection *Other _____

At first signs of these symptoms please follow these instructions:

1. Restrict physical activity, allow student to rest. Do not leave student alone.
2. Encourage student to breath slowly and relax.
3. Allow student to administer medication (e.g. Inhaler) per physician's orders
Student's medication is _____ Inhaler.
It is to be kept _____.
We **WILL/WILL NOT** be providing a second inhaler to be kept in medicine cabinet
in case my child forgets their inhaler (Please circle one).
4. If no improvement within _____ minutes, contact parent or emergency contact.
5. If parent or emergency contact cannot be contacted and there is no improvement in
Student condition, CALL 911.

School Nurse Signature _____ Date _____

