

ASTHMA ACTION PLAN

Student Name/ Grade _____

Describe Asthma "Triggers" _____

Normal Peak Flow _____

Peak Flow Danger Level _____

Doctor's Name _____

Phone _____

Steps to be taken During an Asthma Attack:

1. _____
2. _____
3. _____
4. _____
5. _____

Current Medicine:

1. _____
2. _____
3. _____
4. _____
5. _____

Special Precautions for Gym Class:

Parent's Signature

Date

Phone

Work Phone

If your child needs to keep medicine at school, please have your physician fill out the attached form. It must be signed by you and your physician. Additional forms are available.

