Long Beach Catholic Regional School
735 West Broadway, Long Beach, NY 11561 § Ph: (516) 432-8900 § fax: (516) 432-3841

LONG BEACH PUBLIC SCHOOLS

STUDENT ASTHMA ACTION PLAN

(To be completed by Parent and Physician)

Name: _____ Grade: _____ DOB: _____

Teacher: _____ Room: _____

Parent/Guardian: _____ H# _____ C# _____

Address: _____ W# _____

Parent/Guardian: _____ H# _____ C# _____

Address: _____ W# _____

Emergency Contact Persons:

Name: _____ Relationship: _____ Ph# _____

Name: _____ Relationship: _____ Ph# _____

Physician Student Sees for Asthma: _____ Ph# _____

Other Physician: _____ Ph# _____

Does your child attend an afterschool program? ❑ Yes ❑ No if yes, what program: _____

DAILY ASTHMA MANAGEMENT PLAN
Identify the things that start an asthma episode (Check each that applies to the student)

❑ Exercise	❑ Strong Odors or Fumes	❑ Molds
❑ Respiratory Infections	❑ Chalk Dust	❑ Foods _____
❑ Change in Temperature	❑ Carpets in the room	❑ Other_____
❑ Animals	❑ Pollens	_____

TO BE COMPLETED BY PHYSICIAN:

- Peak Flow Monitoring/Personal Best Peak Flow Number: _____
- Daily Medications Home and School:

	Medicine	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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TO BE COMPLETED BY PHYSICIAN:

EMERGENCY PLAN and AUTHORIZATION FOR MEDICATION TO BE ADMINISTORED IN SCHOOL.

Emergency action is necessary when the student has symptoms such as _____

_____ or has a peak flow reading of_____.

- During school hours, contact the school nurse. The following steps should be taken by the school nurse or principal/designee during an asthma episode:

A. Give EMERGENCY ASTHMA MEDICATIONS as listed below.

	Medicine	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

B. SEEK EMERGENCY MEDICAL CARE AND CONTACT THE PARENT/GUARDIAN IF THE STUDENT HAS ANY OF THE FOLLOWING:

- No improvement after initial treatment with medication
- Hard time breathing with:
  1. Chest and neck pulled in with breathing
  2. Child is hunched over
  3. Child is struggling to breathe
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips or fingernails are gray or blue

IF THIS HAPPENS, GET EMERGENCY HELP NOW!

COMMENTS/SPECIAL INSTRUCTIONS: _____

_____

RELEASE FORM FOR INHALED MEDICATIONS

☐ I have instructed student in the proper way to use his/her inhaled medications. It is my professional opinion that the student is independent to self-carry/self-administer.

☐ It is my professional opinion that student is nurse dependent and should not carry his/her inhaled medication by him/herself.

☐ It is my professional opinion that student is supervised when on school trips to administer inhaler.

Physician Signature _____ Date: _____

Parent Signature _____ Date: _____