



ASTHMA ACTION PLAN

PARENTS: Please provide the following information if your child has asthma:

STUDENT'S NAME: _____ D.O.B. _____

Things that trigger my child's asthma: _____

Warning signs of an asthma episode: _____

Steps to take during an asthma episode: _____

Note: If medicine is indicated, it can only be administered in accordance with the school policy as noted in the manual.

Get immediate help if: _____

Comments: _____

Parent Signature _____ Date: _____