

WARWICK SCHOOL DISTRICT

Warwick High School
Warwick Middle School

Lititz Elementary School
Kissel Hill Elementary School
John Beck Elementary School
John R. Bonfield Elementary School

Asthma Action and Emergency Care Plan

Student's Name: _____ Grade/Teacher: _____

DOB: _____ Gender: M ___ F ___ School: _____

Parent/Guardian Name: _____

Telephone: (home) _____ (work) _____ (cell) _____

Parent/Guardian Name: _____

Telephone: (home) _____ (work) _____ (cell) _____

Emergency Contact Name (if parent/guardian not available): _____

Telephone # for Emergency Contact: (home) _____ (work) _____ (cell) _____

Name of Healthcare Provider: _____ Telephone #: _____

Asthma Severity: () Mild () Moderate () Severe

Asthma Triggers: Colds/ Respiratory Infections Exercise Animals Dust Smoke

Strong odors/perfumes Pollens/Mold Weather Food _____ Other _____

Asthma Symptoms: Wheeze Tight Chest Cough Difficulty Breathing Other _____

Emergency Actions/Care Needed (Explain) Note: A signed order from the child's physician and written parent permission is required each school year for medications to be administered. Parents who request that the student self-carry his or her asthma inhaler must complete the Asthma Inhaler Self Administration Authorization Form each school year.

Note: You are encouraged to alert all other school and after-school personnel (transportation, cafeteria, coaches, etc.) who may have contact with your child, so that they are aware of your child's diagnosis and treatment that may be needed.

Parent/Guardian Signature: _____ Date: _____

Certified School Nurse Signature: _____ Date: _____