



Asthma Individual Health Plan

Name		School	
Birthdate		Grade	
Parent(s)		Phone	
Parent Email		Second Phone	
Medical Provider		MD Phone	

Health History

When was your child diagnosed?	
Has your child been hospitalized for asthma? When? Most recent?	
How often has your child been seen for asthma in the emergency room?	
Does your child have allergies? Please list.	
Other pertinent information:	

Asthma Signs and Symptoms (check those that apply for your child)

<input type="checkbox"/> Wheezing	<input type="checkbox"/> Chest Tightness	<input type="checkbox"/> Mucus
<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of Breath	Other

Asthma Triggers (check those that apply)

<input type="checkbox"/> Illness	<input type="checkbox"/> Animals	<input type="checkbox"/> Smells	Foods
<input type="checkbox"/> Exercise	<input type="checkbox"/> Smoke	<input type="checkbox"/> Cold Weather	<input type="checkbox"/> Emotions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Dust	<input type="checkbox"/> Hot Weather	Other

Medications (check those available at school)

* Please note that we need a medical order for any medication to be dispensed at school

Medication Name	Dose / Route	Frequency / Time of Day	At school?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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Permission for student to self-carry rescue inhaler.

My child has permission to carry and administer his/her own inhaler: yes

Needed Accommodations at School (check those that apply)

<input type="checkbox"/> Modified Gym Class	
<input type="checkbox"/> Modified Recess	
<input type="checkbox"/> No Animal Exposure	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Food Avoidance	
<input type="checkbox"/> Other	

Asthma Action Plan (AAP)

* If there is an AAP please provide to health office

Does your child use a peak flow meter? yes

If yes to above, what is his/her personal best number:

If your child has increased asthma symptoms at school, we will do the following:

- Check peak flow if available and child is not in acute distress
- Administer rescue medication according to medical order
- Offer other actions as described above
- Contact parent/guardian to report
- Recheck Peak flow meter after 15-20 minutes to monitor progress
- Call 911 if medication is not working and symptoms are worsening; if child is having difficulty with breathing, walking or talking; if there are color changes such as blueness

Is there anything else that we should know about this student?

Hospital preference?

If you agree with this plan,
indicate so by typing your name:

Date