



Orinda Union School District School Asthma Plan

Student Information

Name of Student: _____ DOB: _____ School: _____

Grade: _____ Teacher/1st Period Teacher: _____

Emergency Information:

Parent/Guardian Names: _____

Parent 1: Home Phone: _____ Cell: _____ Work _____

Parent 2: Home Phone: _____ Cell: _____ Work _____

Physician's Name: _____ Phone: _____

In case of emergency, contact:

1. _____

2. _____

3. _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

- Difficulty breathing, walking, or talking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken are:

- Activate the emergency medical system: Call 911
- Call Parent/Guardian or Physician

Triggers: _____

Physician to complete the backside



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To be completed by **Physician**

All Current Asthma Medications Prescribed

Name of Medication	Dosage	Time

Prescribed Medications To Be Given at School (if any)

Name of Medication	Dosage	Time

Note: A spacer is highly recommended for use with inhalers at school at all times for proper delivery of medication.

Steps for an Acute Asthma Episode (to be completed by Physician)

1. _____
2. _____
3. _____

Parent/Guardian Signature: _____

Physician's Signature: _____