



# Crystal Lake Elementary District 47

300 Commerce Dr., Crystal Lake, IL 60014 815.788.5000

www.d47.org  D47schools  @crystallakesd47

## Asthma Action Plan

2016-2017

STUDENT:

DOB:

SCHOOL / GRADE:

PHYSICAL EDUCATION DAYS & TIMES:

EMERGENCY CONTACT(S) NAMES:

EMERGENCY PHONE NUMBERS:

PHYSICIAN:

PHONE:

### SIGNS OF ASTHMA EMERGENCY:

- Extreme difficulty breathing, walking or talking
- Blue or gray discoloration of lips or fingernails
- Nasal flaring
- Retractions (sucking of the skin in between or around the bones of the chest when inhaling)
- Failure of medication to reduce worsening symptoms within 15 minutes

### THESE SIGNS INDICATE THE NEED FOR EMERGENCY MEDICAL CARE

- CALL 911
- CALL PARENTS
- CALL SCHOOL NURSE

### ASTHMA MEDICATION:

NAME OF MEDICATION

DOSAGE

TIME (or As Needed)

STUDENT PERMITTED TO CARRY INHALER WITH HIM/HER? YES \_\_\_ NO\_\_\_

NOTES: S/E:

Other meds:

Please have this **CONFIDENTIAL** plan available to your subs.

It is important that the student takes all medications on all field trips.