



Cowichan Valley School District

School \_\_\_\_\_  
Teacher \_\_\_\_\_  
Grade \_\_\_\_\_

**ASTHMA CARE PLAN**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Mother: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contacts: Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

\_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_ Phone  
Doctor: \_\_\_\_\_ Number: \_\_\_\_\_

1. Which of the following triggers your child's asthma?

- Exercise
- Food
- Respiratory Infections
- Change in temperature
- Carpets in the room
- Excitement/Upset
- Strong odors/ fumes
- Chalk dust
- Animals
- Pollens
- Moulds

\_\_\_\_\_  
Other: \_\_\_\_\_

2. How often does your child have an attack?

- Daily
- Weekly
- Seasonally

\_\_\_\_\_  
Other \_\_\_\_\_

3. SYMPTOMS that your child experiences:

- |  |  |
|--|--|
| <input type="checkbox"/> Coughing            | <input type="checkbox"/> Tightening in Chest |
| <input type="checkbox"/> Wheezing            | <input type="checkbox"/> Pallor              |
| <input type="checkbox"/> Shortness of Breath |  |
| <input type="checkbox"/>                     |  |

Other: \_\_\_\_\_

If your child will need medication while at school, please ask for the appropriate form.

4. How can the school staff help your child prevent an asthma episode?

Is your child likely to require emergency care while at school?  Yes  No

If YES, have you trained the school staff how to give the emergency medication?

**5. EMERGENCY PLAN**

A. Give emergency asthma medications:

NAME	AMOUNT	WHEN TO USE
_____		
_____		

B. Contact Parent or Emergency Contact

C. Call Ambulance if:

- No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached
- Hard time breathing:
  - with chest/neck pulled in with breathing
  - hunched over
  - struggling to breathe
  - trouble walking or talking

- stops playing and can't start activity again
- lips or fingertips are gray or blue

D. Special Instructions

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(Parent/Legal Guardian Signature)

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(Date)