

MEDICAL ALERT- ASTHMA Action Plan

(To be completed & signed by physician/health care provider)

Child Name: _____ Class: _____ Date: _____

Severity Classification: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

Triggers: colds smoke weather exercise dust air pollution animals food
 other _____

Exercise Modification? No Yes, describe _____

Exercise pre-medication? No Yes, (what, how much, when) _____

Quick Relief Medication:

Symptoms: _____

Med. name _____ Dose _____ When to take _____

List equipment needed to administer medication such as nebulizer or inhaler _____

Instructions if symptoms do not return to "doing well" zone _____

This child attends a center preschool program. Does the quick relief medication need to be kept at school during the hours the child attends? Yes No, explain _____

If the child rides a bus to school, should quick relief medication be kept on the bus also? Yes No, explain: _____

If yes and the Quick Relief medication is a nebulizer, should child be prescribed an inhaler for the easier use on the bus? Yes No, explain _____

Additional Comment: _____

Physician Signature _____ date _____

Physician name, address, phone # (print) _____

Below to be completed by PACT teacher after plan is received from Health Care Provider:

Above plan reviewed with parent on ___/___/___ by _____
 (Teacher)

Did or does child have any side effects from medication? YES, explain _____ NO

Parent Signature: _____ date _____

Name and RX # of medications listed above which will need to be kept at PACT Site:

Name: _____ RX # _____ Expiration date: ___/___/___

Name: _____ RX # _____ Expiration date: ___/___/___

Staff person(s) designated to adm. Medication: _____

Where medication is stored at school: _____

If nebulizer is needed, where is nebulizer stored? _____

If inhaler/Neb. is needed on bus, describe where stored and how transported from bus to school and/or home daily: _____

CBT gives copy to: Site Sup. to review, initial, & email to Health Coord. _____

Original: Teacher for Health & Safety Notebook / Copy: Bus driver / Copy: DCFS file

