

Student Asthma Action Card

Name: _____ D.O.B. _____ Grade: _____ Age: _____

Teacher: _____ Room: _____

Parent/Guardian Name: _____ Ph: (H) _____

Address: _____ Ph: (W) _____

Emergency Phone Contact: _____

Name	Relationship	Phone
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Physician Student Sees for Asthma: _____ Ph: _____

Other Physician: _____ Ph: _____

Peak Flow Monitoring: Personal Best Peak Flow _____

Asthma Severity Level: Mild Intermittent Mild Persistent
 Moderate Persistent Severe Persistent

Allergies: _____

Daily Medication Plan:

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Special Instructions or Comments:

For Inhaled Medications:

0.5cc Albuterol & normal saline via nebulizer or 2 puffs Albuterol inhaler.

1 amp 0.63mg Xopenex unit dose via nebulizer or 2 puffs Xopenex inhaler.

_____ (other medication)

Is allowed to carry inhaler medication and use that medication by him/herself.

_____ Physician's Signature	_____ Date
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_____ Parent's Signature	_____ Date
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