NANAIMO LADYSMITH PUBLIC SCHOOLS

# ASTHMA EMERGENCY PLAN

| | | |
|---|---|---|
| Student's Name: | | **Place Student Picture Here** |
| Date of Birth: | | |
| Teacher: | Grade: | |
| Parent / Guardian: | Phone #: | |
| Address: | Postal Code: | |
| Parent / Guardian: | Phone #: | |
| Address: | Postal Code: | |
| Emergency Contact: | Relationship: | |
| Home Phone #: | Work #: | |
| Emergency Contact: | Relationship: | |
| Home Phone #: | Work #: | |
| Doctor's Name: | Phone #: | |

**Has your child ever required emergency care for Asthma?** ☐ Yes ☐ No

1. Check ☑ each item which may TRIGGER an asthma episode:

| | | | |
|---|---|---|---|
| ☐ Exercise | ☐ Change in temperature | ☐ Excitement / upset | ☐ Chalk dust |
| ☐ Pollens | ☐ Food | ☐ Respiratory infections | ☐ Carpets in the room |
| ☐ Animals | ☐ Moulds | ☐ Strong odours / fumes | ☐ Other _____ |

2. How often does your child experience asthmatic episodes?

☐ Daily ☐ Weekly ☐ Seasonally ☐ Other _____

3. Symptoms that your child experiences:

☐ Coughing ☐ Wheezing ☐ Pallor ☐ Tightening in chest
☐ Shortness of Breath ☐ Other _____

**Medications that your child uses at home:**

Name: _____ Amount: _____

When to use: _____

Name: _____ Amount: _____

When to use: _____

**EMERGENCY RESPONSE – Steps to take during an asthma episode:**

1. Call 911 Ambulance and designated first aider if the child:
   - Has trouble walking or talking
   - Stops playing and can't start activity again
   - Lips or fingertips are gray or blue
   - Has hard time breathing (chest / neck pulled in with breathing / hunched over)
2. Observe until ambulance arrives.
3. Give emergency asthma medications. Medication is located at school at: _____
4. Contact parent
5. Special instructions: _____

Parent / Legal Guardian Signature: _____ Date: _____

**RETURN FORM TO THE SCHOOL AND DISCUSS WITH OFFICE STAFF AND ALL YOUR CHILD'S TEACHERS**