

Gary W. Cumberland  
Superintendent

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Instruction & Assessment

# Shawano School District

Louise Fischer  
Business Manager

Kim Klister  
Director of Pupil Services

## ASTHMA ACTION PLAN

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell phone/Alternate phone \_\_\_\_\_

**DAILY MEDICATIONS** (usually taken at home) \_\_\_\_\_  
\_\_\_\_\_

Location of medication while at school: (circle one) Office/student's back pack/ student carries on person/student's locker/other:

### SCHOOL INSTRUCTIONS FOR RESCUE INHALER

If student has

- Coughing  
 Wheezing  
 Shortness of breath  
 Chest tightness  
 Other \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Frequency \_\_\_\_\_

### INSTRUCTIONS FOR EXERCISE

Use rescue inhaler prior to phy-ed

Use rescue inhaler prior to recess

Always

Only when \_\_\_\_\_

Student should not be outdoors when temperature is < \_\_\_\_\_

### EMERGENCY if the following is observed, Call 911 IMMEDIATELY

- Symptoms are getting worse following rescue inhaler administration.
- Student is struggling to breath-unable to speak or speaking in single words.
- Bluish lips, tongue, face.
- Wheezing began suddenly after eating, an insect bite, or taking a medication.
- Student becomes unconscious or faints.

Physician authorization:  Student may carry inhaler  Student may NOT carry inhaler

Parent authorization:  Student may carry inhaler  Student may NOT carry inhaler

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### School Fax Numbers

Hillcrest Primary School 715-524-1151

Shawano Middle School 715-526-5037

Olga Brener Intermediate School 715-524-9899

Shawano High School 715-524-8414