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Superintendent

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Shawano School District

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Business Manager

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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