

SCHOOL OR CHILD CARE ASTHMA/ALLERGY ACTION PLAN



Asthma and Allergy
Foundation of America
aafa.org

Attach or insert
ID photo

Name:	
DOB:	
Parent/Guardian #1 Name:	
Address:	
Phone (home):	Phone (work):
Parent/Guardian #2 Name:	
Address:	
Phone (home):	Phone (work):
Emergency Contact #1 Name:	
Relationship:	Phone:
Emergency Contact #2 Name:	
Relationship:	Phone:
Physician Child Sees for Asthma/Allergies:	
Phone:	
Other Physician:	
Phone:	

Daily Asthma Management Plan

Identify the Things That Start an Asthma/Allergy Episode

(Check each that applies to the child)

- | | | | |
|---------------------------------------|---|--------------------------------|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Bee/insect sting | <input type="checkbox"/> Latex | <input type="checkbox"/> Respiratory infections |
| <input type="checkbox"/> Dust mites | <input type="checkbox"/> Exercise | <input type="checkbox"/> Smoke | <input type="checkbox"/> Change in temperature |
| <input type="checkbox"/> Pollens | <input type="checkbox"/> Chalk dust/dust | <input type="checkbox"/> Molds | <input type="checkbox"/> Strong odors |
| <input type="checkbox"/> Food: _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

Control of Child Care Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.)

Daily Medication Plan for Asthma/Allergy (Emergency medicines listed on next page)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

Outside Activity and Field Trips (List medications that must accompany the child when participating in outside activities and/or field trips)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

Asthma Emergency Plan

Emergency action is necessary when the child has symptoms such as:

Steps to Take During an Asthma Episode:

1. Assess symptoms.
2. Give emergency asthma medications as listed below.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

3. Check symptoms after ____ minutes. Give medicine again if symptoms have not improved.
4. Allow child to stay in school or at child care setting if:

5. Contact parent/guardian.
6. **Seek emergency medical care if the child has any of the following:**

Signs and symptoms of severe asthma episode

- No improvement after treatment
- Hard time breathing with:
 - Chest and neck pulled in with breathing
 - Child hunched over
 - Nose opens wide
 - Trouble walking or talking
- Stops playing and cannot start activity again
- Lips, gums, or fingernails turn gray or white on darker skin or blue on lighter skin



**Severe symptoms
need immediate
treatment and
medical help**

Symptoms of severe allergic reaction

- Mouth/Throat: itching and swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough
- Skin: hives; itchy rash; swelling
- Gut: nausea; abdominal cramps; vomiting; diarrhea
- Lung*: shortness of breath; coughing; wheezing
- Heart: pulse is hard to detect; "passing out"

*If child has asthma, asthma symptoms may also need to be treated.

Allergy Emergency Plan

Child is allergic to:

Steps to Take During an Allergy Episode:

1. Assess symptoms.
2. Give medicine as listed below.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

3. Check symptoms after ____ minutes.
4. Allow child to stay in school or at child care setting if:

5. Contact parent/guardian.
6. **Seek emergency medical care if the child has any of the following:**

Special Instructions

- I have instructed _____ in the proper way to use their medications. It is my professional opinion that they should carry their asthma/allergy medicines by themselves.
- It is my professional opinion that _____ should not carry their asthma/allergy medicines by themselves.

Physician Signature

Date

Parent/Guardian Signature

Date

Child Care Provider's Signature

Date