

Asthma Action Plan

Student Name _____

DOB / / _____

Severity of Asthma: Mild/Intermittent Moderate/Persistent Moderate/Persistent Severe/Persistent

Symptoms: Cough, wheezing, chest tightness, shortness of breath, and/or difficulty sleeping.



Signs and symptoms of asthma: cough, wheezing, chest tightness, shortness of breath, and/or difficulty sleeping. School staff should be notified if the child has any of these symptoms. The parent/guardian should be notified if the child has any of these symptoms. The parent/guardian should be notified if the child has any of these symptoms.



medicine

Information from the parent/guardian is required for the completion of this form. The parent/guardian should be notified if the child has any of these symptoms. The parent/guardian should be notified if the child has any of these symptoms. The parent/guardian should be notified if the child has any of these symptoms.

Signature _____ Name _____ Date _____