



Asthma and Allergy  
Foundation of America

# STUDENT ASTHMA ACTION CARD



Name _____	Grade _____	Age _____	ID Photo
Homeroom Teacher _____	Room _____		
Parent/Guardian Name _____	Ph (h) _____		
Address _____	Ph (w) _____		
Parent/Guardian Name _____	Ph (h) _____		
Address _____	Ph (w) _____		
Emergency Phone Contact #1 _____			
Name		Relationship	Phone
Emergency Phone Contact #2 _____			
Name		Relationship	Phone
Physician Treating Student for Asthma _____ Ph. _____			
Other Physician _____ Ph. _____			

## EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ or has a peak flow reading of \_\_\_\_\_.

### • Steps to take during an asthma episode:

1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if \_\_\_\_\_.
4. Re-check peak flow.
5. Seek emergency medical care if the student has any of the following:
  - ✓ Coughs constantly
  - ✓ No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
  - ✓ Peak flow of \_\_\_\_\_
  - ✓ Hard time breathing with:
    - Chest and neck pulled in with breathing
    - Slumped body posture
    - Struggling or gasping
  - ✓ Trouble walking or talking
  - ✓ Stops playing and can't start activity again
  - ✓ Lips or fingernails are gray or blue

**IF THIS HAPPENS, GET  
EMERGENCY HELP NOW!**

### • Emergency Asthma Medications

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

See reverse for more instructions