

**Garwood Public Schools  
Garwood, New Jersey**

**School Asthma Record and Action Plan**

Child's Name \_\_\_\_\_ HR \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ (w) \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ (w) \_\_\_\_\_

Physician Treating Child's

Asthma \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosis: [ ] Asthma [ ] Reactice Airways Disease [ ] Exercise Induced  
Asthma

1. Number of times your child has been taken to a Dr.'s office or ER facility for an acute episode of asthma in the past 12 months \_\_\_\_\_

2. Please list any **"triggers"** or stimuli that cause asthma episodes? (check all that apply)

\_\_\_\_\_ Exercise \_\_\_\_\_ Animals \_\_\_\_\_ Food \_\_\_\_\_ Pollen/Trees \_\_\_\_\_ Mold

\_\_\_\_\_ Dust \_\_\_\_\_ Strong chemical fumes \_\_\_\_\_ Strong perfume/fragrance

\_\_\_\_\_ Illness \_\_\_\_\_ Chalk \_\_\_\_\_ Emotions \_\_\_\_\_ Cold Air

\_\_\_\_\_ Change of temperature \_\_\_\_\_ Smoke \_\_\_\_\_ Other, please list:

\_\_\_\_\_

3. Is your child able to fully participate in physical education? Yes\_\_\_\_\_ No\_\_\_\_\_ If no, please specify limitations precribed by your child's physician and provide written orders

\_\_\_\_\_

4. Does your child use a peak flow meter? Yes\_\_\_\_\_ No\_\_\_\_\_

Personal best peak flow number\_\_\_\_\_ Green zone (all

clear)\_\_\_\_\_ Yellow zone(caution)\_\_\_\_\_ Red zone (medical

alert)\_\_\_\_\_

5. What does your child do at home to relieve wheezing/coughing during an asthma attack? (check all that apply)

\_\_\_\_\_breathing exercises \_\_\_\_\_drink liquids \_\_\_\_\_rest/relaxation \_\_\_\_\_Inhaler

\_\_\_\_\_Nebulilzer \_\_\_\_\_Oral medication \_\_\_\_\_Other\_\_\_\_\_

6.Name the medications your child takes routinely, the dose, how often?

\_\_\_\_\_

**7. Asthma Signs and Symptoms**

The following are signs of an asthma attack:

- a. coughing ( often the earliest sign )
- b. wheezing
- c. rapid pulse (120 or greater)
- d. labored breathing
- e. increased use of accessory muscles of respiration

**8. Management of an Asthma Attack**

- a. avoid known triggers, if possible. Know the early warning signs of an attack
- b. if trigger is environmental, immediately remove the child from the source
- c. Call Nurse
- d. Keep calm. Reassure the child and encourage
- e. Allow child to assume a position most comfortable for him/her.
- f. Have student sip tap water (not cold) slowly for hydration.
- g. You may instruct child to breathe in deeply, hold his/her breath for 1 or 2 seconds, then cough twice – first to loosen mucous, and second to bring it up.
- h. Nurse will administer prescription medication for acute attack (if provided).  
 \_\_\_\_\_ medication in health office  
 \_\_\_\_\_ child able to self-medicate  
 \_\_\_\_\_ none

9. Emergency medical care will be sought if your child has any of the following:  
No improvement, 15-20 minutes after initial treatment with medication and a parent/relative cannot be reached.

Peak flow in the red zone

Hard time breathing with:

- chest and neck pulled in with breathing
- child is hunch over
- child is struggling to breathe

Trouble walking or talking

Stops playing and can't start activity again

Lips or fingernails are gray or blue

12. I give my permission to share this information with employees at the Garwood Public Schools. I do not hold the Garwood BOE liable for any problems related to this medication

10. Comments/Special Instructions:

---



---



---



---

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date