

# 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.)

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## 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:

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## 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:

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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**

# Allergy Emergency Plan

Child is allergic to:

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## 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:

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

**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.

## 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