

EDUCATION PLAN FOR ASTHMA/ANAPHYLAXIS EMERGENCY RESPONSE TEAMS

ATTACHMENT A: Emergency Care Plan

To be used for a child with known asthma/anaphylaxis

NAME _____ GRADE _____ AGE _____

SCHOOL _____ TEACHER _____

Parent/Guardian Name _____ Phone (H) _____

Address _____ Phone (W) _____

Parent/Guardian Name _____ Phone (H) _____

Address _____ Phone (W) _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Physician student sees for asthma/anaphylaxis _____ Phone _____

NATURE OF ASTHMA/ANAPHYLAXIS - Describe, including triggers, signs and symptoms of allergic response and known allergens.

MANAGEMENT PLAN - Describe environmental controls and list medication prescribed. If asthma, identify zones for peak flow.

TREATMENT PLAN - Describe the steps to be taken for treatment.

RELEASE OF INFORMATION

I give the school nurse permission to contact Dr. _____ regarding this plan for my child _____
(name of child)

Parent/Guardian Signature _____ Date _____