

**New Prague Area Schools  
Health Services**

**Asthma  
EMERGENCY CARE PLAN**

\* Have available in case of emergency transport \*

<b>Name:</b>		<b>Grade:</b>		<b>School:</b>	
<b>Address:</b>					
<b>Parent's Name:</b>		<b>Phone:</b> Home			
		Work			
		Cell or Pager			
<b>Parent's Name:</b>		<b>Phone:</b> Home			
		Work			
		Cell or Pager			
<b>Physician or Clinic:</b>		<b>Phone:</b>			
<b>Medical Diagnosis:</b>	Asthma				
<b>Present Medications:</b>					
<b>Medication Allergies:</b>		<b>Other Allergies:</b>			
<b>Symptoms</b>			<b>Actions to Take</b>		
Shortness of breath, excessive coughing, wheezing, complaint of tightness in chest			Calm student. Stop any activity. Keep upright. Obtain inhaler if available. Call Building Nurse at ext. _____ or send to health office with assistance.		
Increased distress, difficulty speaking, becomes bluish in color			Call 911. Call Building Nurse at ext. _____ Notify C. Malecha, 952-217-1090 or ext. 1760 Call parents.		
<b>Health Services Director:</b>				<b>Date:</b>	
<b>Parent:</b>				<b>Date:</b>	