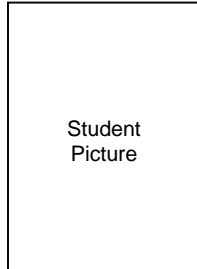


North Thurston Public Schools
 305 College Street NE
 Lacey, Washington 98516-5390
 www.nthurston.k12.wa.us

Student and Staff Support Services
 Phone: (360) 412-4466
 Fax: (360) 412-4555

SCHOOL EMERGENCY ASTHMA PLAN/MEDICATION ORDER/504 PLAN

Student: _____ DOB: _____ Teacher/Grade: _____
 Parent: _____ Phone: (H) _____ (W) _____
 Second Contact Person: _____ Phone: _____



**NEVER SEND A CHILD WITH A SUSPECTED ASTHMA
 ATTACK ANYWHERE ALONE**

Signs and Symptoms:

- Persistent coughing
- Shortness of breath
- Unable to talk in full sentences
- "Pulling in" of neck and chest with breathing
- Tightness in chest
- Nasal flaring
- Wheezing
- Sweaty, clammy skin
- Rapid, labored breathing
- Becoming anxious

Steps to take during an asthma attack:

1. Give medications as listed below.
2. Have student return to classroom if: _____
3. Contact parent if: _____

4. CALL 911

- No improvement 15-20 minutes after initial treatment with medication and a parent cannot be reached
- Medications are not available
- Lips or nail beds turning gray or blue OR paling of lips or nail beds (dark complexions)
- Decreasing or loss of consciousness

Other significant health condition(s): _____

Asthma Medications: To be completed and signed by Licensed Health Professional

MEDICATION NAME	DOSAGE	WHEN TO USE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission to carry inhaler: Yes No

Signature of Licensed Health Professional	Name (Please print or type)	Date
Phone _____ FAX _____	Address _____	City _____ Zip Code _____

Signature of Parent or Legal Guardian	Date _____
Signature of School Nurse	Date _____
Signature of Student	Date _____

Carries in Backpack/Purse or _____
 Extra in Health Room Yes No
 Sports played _____
 Rides Bus # _____ or Drives_ _____
 Expiration Date _____