



South Lyon Community Schools

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Linda M. Raye, Director of Special Services

Asthma Emergency Care Plan for TRANSPORTATION

Student Name: _____ Birth Date: _____ Date: _____

School: _____ Teacher: _____

Grade: _____ Room: _____

Address: _____

Emergency Phone Numbers: _____

Mother: _____

Father: _____

Other: _____

Physician: _____

This student's asthma is triggered by _____.

The following emergency plan is based on physician's recommendations: Child's symptoms usually are (circle all that apply):

1. Wheezing
2. Coughing
3. Child has trouble walking or talking
4. Child stops playing and cannot start again
5. Skin between child's ribs sucks in when breathing
6. Child's fingernails and/or lips turn blue or gray.
7. Other _____

Treatment Plan for Asthma Attack:

1. Remove any known triggers
2. Help student to sit straight up.
3. Encourage student to take small sips of water.

Asthma Emergency Care Plan for TRANSPORTATION

Student Name _____

Date _____

When the following symptoms are seen:

Name of Medication and Dosage:

- ◆ If medication has been approved per a physician's order, administer medication.

Other Medical Directives:

IF MEDICATION DOES NOT SEEM TO BE WORKING OR IS NOT AVAILABLE NOTIFY TRANSPORTATION TO CALL EMS IMMEDIATELY.

- ◆ Notify transportation to notify parent.

If symptoms improve:

- ◆ Give reassurance.
- ◆ Notify transportation to notify parent.

Physician Signature _____

Parent Signature _____

This information expires on the last day of the school year.