



Personal Asthma Action Plan

This plan will help staff to work with parents and physicians in managing a child's asthma. The parent or physician should fill out this plan and update it as necessary. This plan should be kept on file in an accessible location.

Name: _____ **Birthdate:** _____

1. In an emergency contact:

Parent: _____ Phone: (H) _____ (W) _____
Parent: _____ Phone: (H) _____ (W) _____
Doctor: _____ Phone: (Office) _____

2. Personal Asthma Triggers (things that are bothersome to my child's asthma):

_____ animal dander _____ dust _____ pollen _____ moulds _____ smoke
_____ cold air _____ cold/flu _____ fumes _____ foods _____ perfume

3. Asthma Symptoms (indications that an asthma attack may be starting):

4. Regular Treatment for Asthma: _____

Treatment for Asthma Attack: _____

5. Medications:

Medication: _____ **Dose:** _____ **Time:** _____

6. Additional Medication is Kept:

Signed: _____ (Parent/Guardian) **Dated:** _____

_____ (Physician) _____