

# SCHOOL OR CHILD CARE ASTHMA/ALLERGY ACTION PLAN



Asthma and Allergy  
Foundation of America  
aafa.org

Attach or insert  
ID photo

Name:	
DOB:	
Parent/Guardian #1 Name:	
Address:	
Phone (home):	Phone (work):
Parent/Guardian #2 Name:	
Address:	
Phone (home):	Phone (work):
Emergency Contact #1 Name:	
Relationship:	Phone:
Emergency Contact #2 Name:	
Relationship:	Phone:
Physician Child Sees for Asthma/Allergies:	
Phone:	
Other Physician:	
Phone:	

## Daily Asthma Management Plan

### Identify the Things That Start an Asthma/Allergy Episode

(Check each that applies to the child)

- |              |                  |       |                        |
|--------------|------------------|-------|------------------------|
| Animals      | Bee/insect sting | Latex | Respiratory infections |
| Dust mites   | Exercise         | Smoke | Change in temperature  |
| Pollens      | Chalk dust/dust  | Molds | Strong odors           |
| Food: _____  |                  |       |                        |
| Other: _____ |                  |       |                        |

### Control of Child Care Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.)

---



---



---



---

## Daily Medication Plan for Asthma/Allergy (Emergency medicines listed on next page)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

## Outside Activity and Field Trips (List medications that must accompany the child when participating in outside activities and/or field trips)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

## Asthma Emergency Plan

Emergency action is necessary when the child has symptoms such as:

---



---

### Steps to Take During an Asthma Episode:

1. Assess symptoms.
2. Give emergency asthma medications as listed below.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

3. Check symptoms after \_\_\_\_ minutes. Give medicine again if symptoms have not improved.
4. Allow child to stay in school or at child care setting if:

---

5. Contact parent/guardian.
6. **Seek emergency medical care if the child has any of the following:**

#### Signs and symptoms of severe asthma episode

- No improvement after treatment
- Hard time breathing with:
  - Chest and neck pulled in with breathing
  - Child hunched over
  - Nose opens wide
  - Trouble walking or talking
- Stops playing and cannot start activity again
- Lips, gums, or fingernails turn gray or white on darker skin or blue on lighter skin



**Severe symptoms  
need immediate  
treatment and  
medical help**

## Allergy Emergency Plan

Child is allergic to:

---



---

### Steps to Take During an Allergy Episode:

1. Assess symptoms.
2. Give medicine as listed below.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

3. Check symptoms after \_\_\_\_ minutes.
4. Allow child to stay in school or at child care setting if:

---



---

5. Contact parent/guardian.
6. **Seek emergency medical care if the child has any of the following:**

#### Symptoms of severe allergic reaction

- Mouth/Throat: itching and swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough
- Skin: hives; itchy rash; swelling
- Gut: nausea; abdominal cramps; vomiting; diarrhea
- Lung\*: shortness of breath; coughing; wheezing
- Heart: pulse is hard to detect; "passing out"

\*If child has asthma, asthma symptoms may also need to be treated.

### Special Instructions

I have instructed \_\_\_\_\_ in the proper way to use their medications. It is my professional opinion that they should carry their asthma/allergy medicines by themselves.

It is my professional opinion that \_\_\_\_\_ should not carry their asthma/allergy medicines by themselves.

Physician Signature

Date

Parent/Guardian Signature

Date

Child Care Provider's Signature

Date