

**YORKTOWN CENTRAL SCHOOL DISTRICT**

**Yorktown Heights, NY 10598**

**STUDENT ASTHMA ACTION CARD**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Teacher \_\_\_\_\_ Room \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (W) \_\_\_\_\_  
\_\_\_\_\_

Emergency Phone Contact \_\_\_\_\_

Name	Relationship	Phone
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Physician Student Sees for Asthma \_\_\_\_\_ Phone \_\_\_\_\_

Other Physician \_\_\_\_\_ Phone \_\_\_\_\_

Peak Flow Monitoring: Personal Best Peak Flow \_\_\_\_\_

Daily Medication Plan

Name	Amount	When to use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Special Instructions or Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Inhaled Medications:

- 0.5cc Albuterol & normal saline from a nebulizer if needed.
- (Other Medication) \_\_\_\_\_
- Student has been instructed in the use of his/her inhaler medication and is allowed to carry inhaler medication and use that medication by him/herself.

\_\_\_\_\_  
Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_