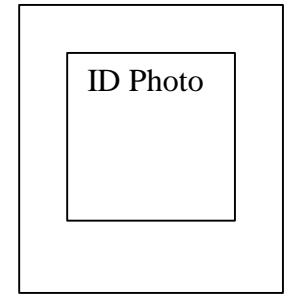


**Kids Playing Camps  
ASTHMA ACTION PLAN  
Individual Health Care Plan**



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Homeroom/Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Guardian Info

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
(2) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_  
Name Relationship Phone  
Emergency Contact #2: \_\_\_\_\_  
Name Relationship Phone

History: (Date first diagnosed, whether EMS/hospitalizations were required, how often student requires use of inhaler, etc.)

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

Asthma Triggers

_____ Exercise	_____ Strong Odors or Fumes
_____ Respiratory Infections	_____ Dust
_____ Change in Temperature	_____ Pollen
_____ Animals	_____ Molds

Personal Best (PB) Peak Flow: Green \_\_\_\_\_  
Zone at or above 80% of PB: Yellow \_\_\_\_\_  
Zone between 50-80% of PB: Red \_\_\_\_\_  
Zone at or below 50% of PB: \_\_\_\_\_

The family of the student is responsible for providing Kids Playing Camp with a peak flow meter if it is required for the student's care while at school.

Medications taken for asthma (including any allergy medications):

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

Medication Plan at Camps

Medication Name	Dosage	Route	Schedule
1. _____			
2. _____			
3. _____			

For Inhaled Medications

\_\_\_\_\_ I have instructed \_\_\_\_\_ in the proper way to use his/her medications. It is my professional opinion that \_\_\_\_\_ should be allowed to carry and use his inhaler by him/herself.

\_\_\_\_\_ It is my professional opinion that \_\_\_\_\_ should not carry his/her inhaled medication by him/herself.

Special Instructions:

1. Send inhaler with camper on all field trips.
2. If available, for non-emergency situations, check peak flow reading before administering medication.
3. Administer medication and return to class when symptoms have improved
  - a. Have student sit upright on cot – do not lie down
  - b. Calm the student and encourage slow regular breathing
  - c. Offer student small sips of tepid water
4. Give copies of Care Plan to student’s counselors and any other appropriate camp Personnel.

**Seek 911 Emergency Care If Student Has ANY of the Following:**

1. No improvement 15-20 minutes after initial treatment with medication and an emergency contact cannot be reached.
2. Peak Flow at or below \_\_\_\_\_ (50% of personal best)
3. Coughs constantly
4. Hard time breathing with
  - a. Chest and neck pulled in with breathing
  - b. Stooped body posture
  - c. Struggling or gasping
5. Trouble walking or talking
6. Stops playing and can’t start activity again
7. Lips or fingernails are grey or blue

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name (please print) \_\_\_\_\_ Phone # \_\_\_\_\_