



# ALLERGY/ASTHMA ACTION CARD

GAPS 8J

*Staff Use Only – Send Copy of Allergy/Asthma Action Card To:*

School Nurse   
  Bus Garage (if riding bus)   
  School Office

Name: \_\_\_\_\_

(DOB): \_\_\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Emergency Phone Contact #1  
Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone Contact #2  
Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician Child Sees for Asthma/Allergies \_\_\_\_\_

Phone: \_\_\_\_\_

### ALLERGY/ASTHMA MANAGEMENT PLAN

•Identify the things that start an asthma/allergy episode  
(Check each that applies to the child)

- |                |                           |                |                           |
|----------------|---------------------------|----------------|---------------------------|
| ___ Animals    | ___ Bee/Insect Sting      | ___ Chalk Dust | ___ Change In Temperature |
| ___ Dust Mites | ___ Exercise              | ___ Latex      | ___ Molds                 |
| ___ Pollens    | ___ Respiratory Infection | ___ Smoke      | ___ Strong Odors          |
| ___ Food:      | ___ Other:                |                |                           |

Does your child use an epipen?    \_\_\_ YES    \_\_\_ NO

Does your child carry epipen at all times?    \_\_\_ YES    \_\_\_ NO

Does your child use an inhaler?    \_\_\_ YES    \_\_\_ NO

Does your child carry inhaler at all times?    \_\_\_ YES    \_\_\_ NO

Have you signed a "Self Medication Authorization Form"?    \_\_\_ YES    \_\_\_ NO

Does your child ride the bus?    \_\_\_ YES    \_\_\_ No    R# \_\_\_\_\_ (Transportation Use)

### MEDICATION PLAN FOR ALLERGY/ASTHMA

	Name of Medication	Amount	When to Use
1.			
2.			
3.			

### OUTSIDE ACTIVITY AND FIELD TRIPS

The following medications **must** accompany child when participating in outside activity, field trips, and **on the bus:**

	Name of Medication	Amount	When to Use
1.			
2.			
3.			

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_