

# Trinity Basin Preparatory, Inc.

*A Public Charter School of Choice*

## ASTHMA EMERGENCY ACTION PLAN

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact #1: _____	Contact Number: _____
Emergency Contact #2: _____	Contact Number: _____
Physician for Asthma: _____	Contact Number: _____
Preferred Hospital: _____	Contact Number: _____

### STEPS TO TAKE DURING A SEVERE ASTHMATIC EPISODE:

1. Administer authorized medication as directed; \_\_\_ Inhaler \_\_\_ Nebulizer \_\_\_ Special Instructions
2. Monitor student and contact parent or other emergency contact listed above;
3. SEEK EMERGENCY MEDICAL CARE (CALL 9-1-1) IF STUDENT EXPERIENCES ANY OF THE FOLLOWING:
  - No improvement 15 minutes after initial treatment with medication and an emergency contact cannot be reached; or
  - Student exhibits any of the following:
    - ***Chest and neck pulled in when breathing. Hunched over while breathing. Struggling to breath. Trouble walking or talking. Lips or fingernails turn gray.***

MY SIGNATURE BELOW INDICATES I REQUEST THAT TBP STAFF ADMINISTER AUTHORIZED MEDICATION TO MY CHILD AND TAKE THE ABOVE-REFERENCED STEPS IN THE EVENT OF A SEVERE ASTHMATIC EPISODE. I AGREE THAT I WILL NOT HOLD LIABLE ANY MEMBER OF THE SCHOOL STAFF AUTHORIZED TO ASSIST MY CHILD AS DESCRIBED ABOVE. I ALSO AUTHORIZE TBP STAFF TO CONTACT MY CHILD'S PHYSICIAN FOR ADDITIONAL INFORMATION, IF NEEDED.

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