



SCHOOL DISTRICT OF  
MENOMONEE FALLS  
Pursuing Excellence  
One Student at a Time

# SCHOOL DISTRICT OF MENOMONEE FALLS WISCONSIN

DISTRICT ADMINISTRATION OFFICE  
W156N8480 PILGRIM RD  
MENOMONEE FALLS, WI 53051  
262.255.8440

## ASTHMA CARE PLAN

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Physician's Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Allergies to: \_\_\_\_\_

Medications		
Name	Dosage	Time

Does your child experience any side effects or behavior changes from these medications?

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

Briefly describe what triggers your child's asthma symptoms: (please circle what applies)

Smoke      Weather      Other \_\_\_\_\_

Exercise      Allergies      List Symptoms: \_\_\_\_\_

Dust      Emotions      \_\_\_\_\_

Comments:

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

Approximately how often does your child have an asthma attack? \_\_\_\_\_

When was your child's last asthma attack? \_\_\_\_\_

What interventions work best with your child's symptoms? \_\_\_\_\_

What actions should be taken if your child does not respond to above interventions?

- \_\_\_\_\_ Call ambulance 911
- \_\_\_\_\_ Call parent to notify an ambulance call has been made
- \_\_\_\_\_ Transport to \_\_\_\_\_

Are there any physical activities in which the child cannot fully participate? \_\_\_\_\_

Any additional information? \_\_\_\_\_

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**This information may be shared with all appropriate staff**

\_\_\_\_\_  
Student's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature \_\_\_\_\_  
Date

**CARE PLAN REVIEWED WITH SCHOOL PERSONNEL**

School Representative Signature(s)	Date