



# TRANSPORTATION COMMUNICATION

## ASTHMA EMERGENCY PLAN

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

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

School Name: \_\_\_\_\_ School Ph #: \_\_\_\_\_

Bus #: \_\_\_\_\_

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

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

School Health Aide: \_\_\_\_\_

Description of Students Medical Concern(s):

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### IN AN EMERGENCY:

**IF THE STUDENT IS IN DANGER, CALL 911 IMMEDIATELY!**

<b>If you observe:</b>	<b>Then you should:</b>
<ul style="list-style-type: none"><li>• Trouble breathing</li><li>• Shortness of breath</li><li>• Wheezing</li><li>• Uncontrolled coughing</li><li>• Tight chest</li></ul>	<p>If the student has an inhaler, give quick relief medication with spacer if available. Give one puff, wait one minute then give a second puff. Monitor breathing. Contact dispatch and parent to pick up the student. Notify Health Aide of the event (number provided above).</p> <p>If student does not have inhaler, contact dispatch, notify parent, calm and reassure the student. Do not leave student alone. Contact parent to pick up student and notify Health Aide of event.</p>

*The information provided above is NOT a health care plan but reflects emergency guidance for students with an Asthma Health Care Plan. More detailed plans are available and training may be provided by the District Nurse. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*If available, please attach a current picture of the student to this form.*