

The Westwood School  
Severe Asthma Form



**If your child has ever become unconscious or has been incubated due to an asthmatic episode, this form must be completed by a Health Care Professional.**

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

Parent/Guardian Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

Allergist Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

***Steps to take during an asthmatic episode:***

1. Give medications as listed below.
2. Check for decreased symptoms.
3. Contact parent/guardian
4. Call 911 if the child has any one of the following severe symptoms:

***Severe Symptoms Include:***

- No improvement minutes after initial treatment with medication.
- Difficulty breathing
- Trouble walking or talking
- Stops playing and cannot start activity again
- Lips or fingernails are gray or blue
- Other: \_\_\_\_\_

***Emergency Medications:***

Name:	Dosage:	When to use:
_____	_____	_____
_____	_____	_____

Special Instructions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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