BOARD OF EDUCATION

NORTHBROOK/GLENVIEW SCHOOL DISTRICT NO. 30

2374 Shermer Road
Northbrook, Illinois 60062

Office of the Superintendent
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DISTRICT 30 ASTHMA CARE PLAN

Student name _____ Date of Birth _____
School _____ Grade _____

Contact Information:

Mother's Name _____ Cell Phone _____
Home Phone _____ Work Phone _____

Father's Name _____ Cell Phone _____
Home Phone _____ Work Phone _____

Emergency Contact Information if parents are unavailable:

Name _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____

Asthma is: ___ Chronic ___ Activity induced ___ Allergen induced ___ Viral induced

Is the child on asthma prevention medication? ___ Yes ___ No
If yes, what is the medication and dosage? _____

Should any medications be given at school regularly? ___ Yes ___ No
If yes, please complete the following: Medication _____
Dosage _____ _____ Time of administration _____

Does the child carry an inhaler? ___ Yes ___ No
Can the child self-administer the inhaler? ___ Yes ___ No
Should the inhaler be used preventatively prior to exercise regardless of symptoms? ___ Yes ___ No

Is a Peak Flow Meter used? ___ Yes ___ No
If yes, please complete the following: Optimal peak flow range is _____
If peak flow is in the range of _____ **OR** the following symptoms are present:
_____
the Health Office staff should _____

If peak flow is in the range of _____ **OR** the following symptoms are present:
_____
the Health Office staff should _____

_____ _____
Parent Signature Date

_____ _____
Physician Name Phone

_____ _____
Physician Signature Date

This Care Plan has been completed and reviewed by physician, student, parent, and School Health Assistant. The information will be provided to administrators, teachers, and staff to allow for awareness and preparedness in providing the best care for the student.