



# Northbrook | Glenview School District 30

2374 Shermer Road, Northbrook, IL 60062  
(847) 498-4190, [www.district30.org](http://www.district30.org)

## 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.