

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: _____