EMERGENCY CARE PLAN FOR ASTHMA

Student		Da	Date	
		School		
Parent/Guardian		Phone	<u>(H)</u>	
		(C)	(W)	
Preferred Hospital In	n Case Of Emergend	:у		
Physician Name (Pri	int)			
Physician SignaturePhone			one	
Medical Condition	Asthma	_Allergies		
Non-Emergency Ro	utine Treatment			
Will the student need	a rescue inhaler at so	chool?	No No	
Where will the rescue				
	all that apply)		Gym Locker	
,	,			
	-			
	ate. This information	school nurse to share this "Emergency C will be shared for the purpose of providing		
Care Plan" in the eve status changes, or the	nt of an emergency in ere is a change or car ourse may contact the	Plan" and request school personnel to followolving my child. I will notify the school in neellation of this "Emergency Care Plan." prescriber as needed and that medical in	mmediately if my child's health I further agree that the	
harmless the Board or rendering of care in a damages, including b	f Education, the indiv ccord with the above ut not limited to costs	at our request, the undersigned agrees to idual members thereof and any officials o "Emergency Care Plan" from any claims of and reasonable attorney's fees, caused cord with the above "Emergency Care Plan"	r employees involved in the or liability for injury or or claimed to be caused or to	
Parent Signature		Da	ite	