

**Howells-Dodge Consolidated  
Emergency Care Plan**

*To be used for a student with known asthma/anaphyaxis*

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ phone# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ phone# \_\_\_\_\_

1st contact person \_\_\_\_\_ phone # \_\_\_\_\_

2nd contact person \_\_\_\_\_ phone # \_\_\_\_\_

Physician for asthma/anaphyaxis \_\_\_\_\_ phone # \_\_\_\_\_

**NATURE OF ASTHMA/ANAPHYLAXIS-** describe, including triggers, signs and symptoms of allergic response and known allergens.

\_\_\_\_\_  
\_\_\_\_\_

**MANAGEMENT PLAN-** describe environmental controls and list medication prescribed. If asthma, identify zones for peak flow.

\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT PLAN-** describe the steps to be taken for treatment.

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE OF INFORMATION**

I give Howells-Dodge Consolidated Schools permission to contact Dr. \_\_\_\_\_ regarding this plan for my child \_\_\_\_\_.

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