



# Philomath Public Schools

Benton County School District 17J, 1620 Applegate Street, Philomath OR 97370 (541) 929-3169

## Allergy/Asthma Action Plan

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Other Contact Info: \_\_\_\_\_

Provider student sees for Asthma/Allergy: \_\_\_\_\_

Phone number: \_\_\_\_\_

### MEDICATION PLAN FOR ALLERGY/ASTHMA

Name of Medication	Amount	When to Use
1.		
2.		
3.		

### OUTSIDE ACTIVITIES AND FIELD TRIPS

**\*\*The above medications must accompany student when participating in outside activities and field trips.**

**Allergy/Asthma Management Plan** **\*\*Please identify things that trigger an asthma/allergy episode. (Circle all that apply to your student).**

Animals Bee Sting/Insect Bites Chalk Dust Changes in Temperature Dust Mites

Exercise Latex Molds Pollens Respiratory Infection Smoke Strong Odors Food

Other (Please briefly explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child use an Epi-pen? YES NO (If yes, please fill out Anaphylaxis Emergency Care Plan form).

Does your child carry an Epi-pen at all times? YES NO

Does your child use an inhaler during the school day? YES NO (If yes, please fill out Authorization for Medication Administration by School Personnel form).

Does your child carry an inhaler at all times? YES NO (If yes, fill out Authorization to self-carry medication form).

**\*\*Please leave a current (not expired) epi-pen and/or inhaler with a clear pharmacy label at the school front office, with the required forms for your student.**

