

# Hudsonville Public Schools

## *Asthma/Allergy/Diabetes Plan*



### Student Information:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher or Class: \_\_\_\_\_

Approximately how often does he/she have an asthma attack or diabetic/allergic reaction? \_\_\_\_\_

Has he/she ever been in the hospital with asthma/allergies/diabetes? \_\_\_\_\_

Personal best peak flow (asthma) \_\_\_\_\_

What are the early warning signs of an attack or reaction? \_\_\_\_\_

Triggers: \_\_\_\_\_

### All Current Medications:

Name of Medication	Dosage	Time	Taken at School (v)	Taken at Home (v)

### Asthma Emergency Action:

Possible signs of an asthma emergency

- ❖ Difficulty breathing, walking or talking
- ❖ Blue or gray discoloration of the lips or fingernails
- ❖ Failure of medication to reduce worsening symptoms

### Diabetic Emergency Action:

Possible signs of a diabetic emergency

- ❖ Perspiration, pallor, dizziness
- ❖ Incoherence
- ❖ Failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken are:

- ❖ Activate the emergency medical system in your area. **Phone: 911**
- ❖ Call parent/guardian or physician

### Emergency Information:

Parent(s) or Guardian(s) Names: \_\_\_\_\_

Mother's Telephone: (home) \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Father's Telephone: (home) \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### In Case of Emergency, Contact:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_