North Vancouver School District
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ADMINISTRATIVE SERVICES
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VCH Asthma Emergency Plan

Child's Name: ______________________ **Grade:** ____ **Div./Homeroom:** ____ **Birthdate (d-m-y):** ________

School/Facility Name: ______________________ **School Year (yyyy-yyyy):** ________

THIS STUDENT HAS SERIOUS POTENTIALLY LIFE THREATENING ASTHMA ATTACKS

Photo

Asthma trigger(s):

- ☐ Food(s): ____________
- ☐ Animal(s): ____________
- ☐ Environment: ____________
- ☐ Other: ____________

Emergency Medication Information:

Medication Name: ____________

Expiry Date: ________ Location: ________

☐ **Previous asthma attack requiring hospitalization:** Person is at greater risk

☐ **Previous Anaphylaxis**: If student has/is having difficulty breathing, give epinephrine auto-injector before asthma medication

ACT QUICKLY. DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN

1. Give Emergency Medication:

____

____

____

2. If symptoms worsen or do not improve: CALL 9-1-1

3. Call Emergency Contact (listed below)

THE STUDENT MAY HAVE THE FOLLOWING SIGNS & SYMPTOMS

- Coughing
- Fast / shallow breathing
- Wheezing
- Fear or anxiety
- Tightness or pain in chest
- Blue lips or nail beds
- Unable to complete sentences due to shortness of breath
- Sweating

EMERGENCY CONTACT INFO:

Name	Relationship	Cell Phone	Other Phone

The undersigned parent/guardian authorizes any adult to administer emergency medication following the instructions outlined above to the above named person in the event of an asthma attack, as described above. This protocol has been recommended by a physician/nurse practitioner. ***The plan will be kept in the student's personal record and will be shared with appropriate school personnel annually to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan. All information will be protected and used in compliance with the Freedom of Information and Protection of Privacy Act (FIPPA) and the Health Information Act (HIA), where applicable.***

Parent/Guardian Signature: ____________ Date (d-m-yyyy): ________ Doctor/NP Signature: ____________ Date (d-m-yyyy): ________

Asthma Emergency Plan is provided as a resource from Vancouver Coastal Health - April 2019.First aid information adapted from www.asthma.ca