

**McIntosh High School Bands
Asthma Action Plan**

To the Parents/Guardians of:

Student's Name

If your student experiences asthma episodes, please fill out the following form. Since this is a serious and potentially life-threatening condition, the band needs information to insure the correct reaction is taken during an asthma episode.

Please describe the nature, approximate frequency and severity of the episodes:

Peak Flow:

Triggers:

Steps for an acute asthma episode (as recommended by physician):

1 _____
2 _____
3 _____
4 _____

Parent's Guardian's Signature: _____

Date: _____