

# NIAGARA FALLS CITY SCHOOL DISTRICT

## Health Services Asthma Action Plan

Name	Date of Birth	Grade/Teacher
Health Care Provider	Health Care Provider's Office Phone	Medical Record Number
Parent/Guardian	Phone	Alternate Phone
Parent/Guardian/Alternate Emergency Contact	Phone	Alternate Phone

### DIAGNOSIS OF ASTHMA SEVERITY

Intermittent  Persistent [ Mild Moderate Severe]

### ASTHMA TRIGGERS (Things That Make Asthma Worse)

Smoke  Colds  Exercise  Animals  Dust  Food  
 Weather  Odors  Pollen  Other



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