

Asthma Emergency Management Plan for Students attending Morton High School District 201



This form is to be completed by parents and health professional(s). A new plan will be required every year or when there is a change in the treatment plan.

Date of plan: ____/____/____

Name of student: _____

ID#: _____ Date of birth: _____

Contact information:

Parent/guardian #1: _____
Address: _____
Home telephone #: _____ Work telephone #: _____
Cellular telephone #: _____

Parent/guardian #2: _____
Address: _____
Home telephone #: _____ Work telephone #: _____
Cellular telephone #: _____

Emergency Contact: _____
Relationship: _____
Telephone #: _____ Cellular #: _____

Physician name: _____
Address: _____
Telephone #: _____ Fax #: _____

