SUMNER COUNTY SCHOOLS

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IHP/SAFETY PLAN: ASTHMA DISORDER

[illegible] PHYSICIAN

Name of Child: ____ DOB: ____________________

ASTHMA RISK: Mild _____ Moderate _____ Severe _____

[illegible]

1. **[illegible]**
2. **[illegible]**
3. **[illegible]**

[illegible] 15 [illegible]
If [illegible] 15 [illegible] SET/S[illegible] N[illegible] AND PROCEED TO EMERGENCY ACTION PLAN BELOW

EMERGENCY ACTION PLAN

1. **[illegible] EMS/C[illegible] 911.**
2. **[illegible]**
3. **[illegible]**
4. **SET/S[illegible] N[illegible] O[illegible] [illegible]**

[illegible] **[illegible]** **[illegible]**

[illegible]	[illegible]	[illegible]	[illegible]

[illegible] _

[illegible] PHONE _____ **[illegible]**

_ **I [illegible]**
[illegible] ALLOWED TO CARRY [illegible] ______________________

_ **[illegible] SHOULD NOT** ______________ **[illegible]**
[illegible]

[illegible] _

_

[illegible] _ **[illegible]** _

[illegible] _ **[illegible]** _

11/2023