

Asthma Action Plan

For Athletes

Date: _____

Dear Coach/Trainer/Physician,

Patient Information:

Name: _____

Age: _____

Contact Number: _____

Emergency Contact: _____

Diagnosis:

Asthma Diagnosis: _____

Medications:

- Rescue Inhaler: _____
- Maintenance Inhaler: _____
- Other Medications: _____

Asthma Triggers:

- Allergens: _____
- Weather Conditions: _____
- Exercise: _____
- Other Triggers: _____

Management Plan:

1. Pre-exercise medication - Take _____ minutes before exercise.

2. Monitor symptoms during activity.

3. If symptoms occur, use rescue inhaler and follow these steps:

- Step 1: _____

- Step 2: _____
- Step 3: _____

Emergency Procedures:

If symptoms do not improve within _____ minutes or worsen, call emergency services or take the athlete to the nearest medical facility.

Signature:

Healthcare Provider Name: _____

Signature: _____

Date: _____

Thank you for your attention to this important health plan.