



Chandler Unified School District #80

Individualized Emergency Asthma Bus Care Plan

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Route: _____ Teacher: _____

Asthma – Trouble Breathing - Wheezing

EMERGENCY PLAN:

1. **STOP** the bus.
2. Call 911 if student's condition is getting worse and you are unsure of what to do.
3. Call 911 if student can't count to 10 without taking a breath or is breathing more than 30 times a minute.
4. Report incident to school and/or parent.

Parent/Guardian Name: _____ Phone No. _____