# Asthma Action Plan

*Effective Date:* _____

Student Name: _____ DOB: _____ Grade: _____

Site/Program: _____

| Parents/Guardian Information: | Relationship: | Phone Number(s): |
|---|---|---|
| 1) | | |
| 2) | | |

I give permission for my child's school site/nurse to notify appropriate staff members of my child's diagnosis, as well as give permission for the school to implement this plan of care for my child, and that any medical orders supersede district plans.

Parent/Guardian Signature: _____ Date: _____

## This portion to be completed by Physician

☐ Student may carry asthma medication          ☐ Student may self- administer asthma medication

| Severity Classifications | Triggers | Prevent asthma symptoms every day: |
|---|---|---|
| ☐ Intermittent<br>☐ Mild Persistent<br>☐ Moderate Persistent<br>☐ Severe Persistent | ☐ Colds/Flu  ☐ Dust  ☐ Animals<br>☐ Exercise  ☐ Pollen/Outdoor Mold<br>☐ Animals  ☐ Odors/Sprays<br>☐ Smoke  ☐ Weather/Air Pollution | ● Take controller medicines (above) every day<br>● Avoid things that make asthma worse (triggers)<br>● Before exercise take _____ puffs of _____ |

### Green Zone: Doing Well

**Symptoms**
- No cough or wheeze
- Can work/play (usual activities)
- Breathing is good

**Control Meds For School**

| Medication Name | Dosage | Frequency |
|---|---|---|
| | | |
| | | |

### Yellow Zone: Getting Worse

**Symptoms**
- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

**Take Quick Relief Medications:**

| Medication Name | Dosage | Frequency |
|---|---|---|
| | | |
| | | |

### Red Zone: Medical Alert

**Symptoms**
- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

**Take Quick Relief Medication** (see above) **and Call 911**

- **Trouble walking or talking due to shortness of breath**
- **Fingernail or lips turn blue**

Physician Name (printed): _____ Phone Number: _____

Physician Signature: _____ Date: _____ License #:_____

*Return Fax: 951-489-0494 or Email: school.nurse@springscs.org*