



**SPRING LAKE PARK SCHOOLS**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Severity Classification**

Intermittent     Moderate Persistent

Mild Persistent     Severe Persistent

**Triggers**

Colds     Smoke     Weather

Exercise     Dust     Air Pollution

Animals     Food

Other \_\_\_\_\_

**Exercise**

1. Premedication (how much and when) \_\_\_\_\_

\_\_\_\_\_

2. Exercise modifications \_\_\_\_\_

**Green Zone: Doing Well**

Peak Flow Meter Personal Best = \_\_\_\_\_

**Symptoms**

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night

**Control Medications:**

Medicine	How Much to Take	When to Take
_____	_____	_____
_____	_____	_____

**Peak Flow Meter**

More than 80% of personal best or \_\_\_\_\_

**Yellow Zone: Getting Worse**

Contact physician if using quick relief more than 2 times per week.

**Symptoms**

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

**Continue control medicines and add:**

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____

**Peak Flow Meter**

Between 50% and 80% of personal best or  
 \_\_\_\_\_ to \_\_\_\_\_

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days.
- Change your long-term control medicine by \_\_\_\_\_
- Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DONOT return to Green Zone after one hour of the quick-relief treatment, THEN

- Take quick-relief treatment again.
- Change your long-term control medicine by \_\_\_\_\_
- Call your physician/Healthcare provider within \_\_\_\_\_ hour(s) of modifying your medication routine.

