



# Visitation School

Dear Parent,

The Visitation School Health Staff wants to promote a positive and healthy learning environment for each student.

According to our records your child is listed as having asthma or an asthmatic like condition. With your help we would like to make a plan for any necessary adjustments during the school day for your child. The intent of this plan is to promote wellness, with control of his/her asthma.

**Please complete the asthma forms found online and return them to the health office as soon as possible. This information will be requested yearly and will be kept in your child's Health Record in the Health Office.**

All use of inhalers in school requires a written order from the physician or licensed prescriber. Asthma inhalers will be kept in the school's Health Office unless otherwise indicated.

If you wish for your student to keep his/her asthma inhaler with him/her, then these criteria must be met:

- 1) The parent must give written permission.
- 2) The inhaler must be properly labeled for that specific student.
- 3) The student must demonstrate appropriate use of the inhaler.
- 4) A written order must be received from the physician or licensed prescriber.

If your child no longer has asthma symptoms, please return the physician form, indicating that change, and we will update your child's school health record.

Thank you for your time in assisting us to promote health and safety for your child.

Sincerely,

Health Office Staff  
Visitation School  
651-683-1708



# Asthma Action Plan – Physician Form: Page 2 of 2

(Both pages are to be completed by student's physician)

## Green Zone

"GO! All Clear"

*Peak Flow Range:*  
\_\_\_\_\_ to \_\_\_\_\_  
(80-100% of personal best)

The **Green Zone** means take the following medicine(s) every day:

<u>Controller Medicine(s)</u>	<u>Dose</u>

Spacer Used: \_\_\_\_\_

Take the following medicine, if needed, 10-20 minutes before sports, exercise, or any other strenuous activity:

\_\_\_\_\_

## Yellow Zone

"Caution..."

*Peak Flow Range:*  
\_\_\_\_\_ to \_\_\_\_\_  
(50-80% of personal best)

The **Yellow Zone** means you should keep taking your **Green Zone** controller medicine(s) every day, and also add the following medicine(s) to help keep the asthma symptoms from getting worse:

<u>Reliever Medicine(s)</u>	<u>Dose</u>

**If beginning cold symptoms, call your doctor before starting oral steroids.**

**Use Quick Reliever, 2-4 puffs, every 20 minutes for up to 1 hour or use nebulizer once. If your symptoms are not better or you do not return to the **Green Zone** after 1 hour, follow **Red Zone** instructions.**

**If you are in the **Yellow Zone** for more than 12-24 hours, call your doctor. If your breathing symptoms get worse, call your doctor.**

## Red Zone

"STOP!"

*Peak Flow Range:*  
\_\_\_\_\_ to \_\_\_\_\_  
(Below 50% of personal best)

The **Red Zone** means start taking your **Red Zone** medicine(s) AND call your Doctor NOW!

Take these medicines until you talk with your doctor:

<u>Reliever Medicine(s)</u>	<u>Dose</u>

**If your symptoms do not get better and you can't reach your doctor, go to the emergency room or call 911 immediately!**

Student Name: \_\_\_\_\_

\_\_\_\_\_  
MD/NP/PA Signature

\_\_\_\_\_  
Date