Asthma
Emergency Action Plan

Student Name:	School: Year:
Date of Birth:	Teacher: Grade:
Bus # AM Bus # PM	
Parent/Guardian #1:	Daytime phone #: Cell:
Parent/Guardian #2:	Daytime phone #: Cell:
Emergency Contact:	Daytime phone #: Cell:
Healthcare Provider:	Office #:

GREEN ZONE (Go)

If You See This:	**Do This:**
• Breathing is Good • No Cough or Wheeze • Can Work or Play	• May use rescue medication per doctor's order prior to PE, recess, sports or physical activity.

YELLOW ZONE (Caution)

If You See This:	**Do This:**
• Coughing • Wheezing • Chest feels tight • Shortness of Breath	• Attempt to calm student • Stay with student and do not send student anywhere alone • Have child rest in a sitting position, breathing slowly through mouth, exhaling through pursed lips. • Assist student in using rescue medication per physician/parent instructions. • Call parent if medicine is not helping

RED ZONE (Stop - Danger)

If You See This:	**Do This:**
• Medicine is not helping • Breathing is fast and hard • Nose Opens Wide • Can't talk well or walk	• **Repeat Rescue Medication per Medication Order** • **Call 9-1-1**

Additional Information:

1. **Known Asthma Triggers:**_____
2. **Activity Restrictions:**_____
3. **How often does your child have an asthma attack?** _____
4. **Baseline Peak Flow:**_____
5. **Asthma medications taken daily at home:**_____
6. **Asthma medications needed at school:**_____

**This information will be shared with any school staff members as deemed necessary unless you state otherwise. I agree to inform school staff of any change in my child's health status that would warrant change in this action plan.*
☐***Yes*** ☐ ***No*** *I hereby authorize the school nurse or principal and the above physician to share information relative to the health of my child named above.*

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Office Use Only Notification to:

- ☐ Teacher
- ☐ Bus
- ☐ EAP/IHP Notebook
- ☐ Specials
- ☐ First Responders
- ☐ Original to Health Folder

To the Parents of

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