



Health Services Department

Emergency Asthma Action Plan

Student Name: _____ Grade: _____ School Year: _____
 Parent/Guardian Name: _____ Contact Number: _____
 Physician Name: _____ Contact Number: _____
 Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent
 Student has had many or severe asthma attacks/exacerbations

My triggers: _____
 My asthma symptoms: _____

Green Zone	Yellow Zone	Red Zone
-Breathing is easy -No cough or wheeze -Able to work or play -Able to sleep at night	-First sign of a cold -Contact with a trigger -Problems breathing -Cough or wheeze	-Coughing at night -Chest tightness -Sinking in at the ribs and neck -Hard to talk or walk -Cough or wheeze -Hard to breathe out

Daily School Plan

Well Controlled Asthma: -Asthma symptoms at school occur less than 2 days per week (excluding before exercise). -Can do usual activities at recess and in Physical Education class. -Notify parent if student uses rescue inhaler/ nebulizer more than 2 times per week at school (excluding before exercise.)	Rescue Medication Plan: <input type="checkbox"/> Albuterol/Xopenex inhaler 2 puffs with spacer <input type="checkbox"/> Albuterol/Xopenex nebulizer solution 1 dose <input type="checkbox"/> Other _____ Frequency: <input type="checkbox"/> Give 10-15 minutes before exercise, as needed <input type="checkbox"/> Give every 4 hours as needed for wheezing/cough, shortness of breath After Treatment: <input type="checkbox"/> Student may return to the classroom after rescue inhaler treatment. <input type="checkbox"/> Notify parent/guardian as needed
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School Emergency Plan

Use this plan when: -Asthma symptoms of wheeze, cough, shortness of breath, or chest tightness continue after one treatment with a rescue inhaler/nebulizer.	What to do: -Have the student take the prescribed dose of rescue inhaler/nebulizer every 20 minutes up to 3 times. -Notify parent.
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***For symptoms not responding to treatment, call 911.**

Parent/Guardian Signature (required): _____ Date: _____

Physician Signature (required): _____ Date: _____

Updated February, 2026