

**School Asthma Action Plan**  
New Haven School District #138

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Class/Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

*I, the Parent/Guardian of the student listed above, give permission for the administration of the medications listed below. I also grant NH School permission for the exchange of information with the Healthcare Provider to facilitate my child's asthma and allergy care.*

Parent Concerns: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

⇒ Parent/Guardian Signature: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN/HEALTHCARE PROVIDER**

**Allergies/Triggers:**  None Known  Dust  Pet Dander \_\_\_\_\_  Respiratory Infections  Smoke  Mold  
 Strong Odors  Pollen \_\_\_\_\_  Weather Extremes Hot/Cold Temp Above \_\_\_\_\_ F and/or Below \_\_\_\_\_ F  Exercise  
 Foods \_\_\_\_\_  Irritants (e.g. chalk dust) \_\_\_\_\_  Emotions \_\_\_\_\_  Other \_\_\_\_\_

**School Monitoring & Environment:**  Monitor Peak Flow Personal Best \_\_\_\_\_ Monitoring Time \_\_\_\_\_  Do Not Monitor Peak Flow  
 Administer Medication Before PE  Dietary Restrictions \_\_\_\_\_  Environmental Measures \_\_\_\_\_

**GREEN ZONE: Doing Great!** ☺ No Cough, Wheeze or Difficulty Breathing ☺ Sleeps through night ☺ Can do regular activities

⇒ Routine Asthma & Allergy Medication Schedule:

Medicine: \_\_\_\_\_ Dose: \_\_\_\_\_ Administration time: \_\_\_\_\_ Nebulizer or MDI  
 Medicine: \_\_\_\_\_ Dose: \_\_\_\_\_ Administration time: \_\_\_\_\_ Nebulizer or MDI

**YELLOW ZONE: Caution!!** ☹ Cough ☹ Wheeze ☹ Short of Breath ☹ Can't do usual activities ☹ Loss of appetite

⇒ ① Administer Quick Relief Medication:

Medicine: \_\_\_\_\_ Dose: \_\_\_\_\_ Administration Time \_\_\_\_\_ Nebulizer or MDI  
 Medicine: \_\_\_\_\_ Dose: \_\_\_\_\_ Administration time: \_\_\_\_\_ Nebulizer or MDI  
 ② Call Parents ③ No improve within 10-20 minutes, repeat treatment & call parent to pick up child ④ Condition worsens RED ZONE

**RED ZONE: Danger!!!** ☹ Child has trouble walking/talking ☹ Breathing very fast ☹ Cannot complete sentences  
 ☹ Skin in neck or between ribs pulling in ☹ Braces self to stand ☹ Tri-pod position when sitting ☹ Quick relief medicine not helping

⇒ ① Administer Quick Relief Medication:

Medicine: \_\_\_\_\_ Dose: \_\_\_\_\_ Administer Medication IMMEDIATELY! Nebulizer or MDI  
 Medicine: \_\_\_\_\_ Dose: \_\_\_\_\_ Administration time: \_\_\_\_\_ Nebulizer or MDI  
 ② Call Parents. If unable to reach, call child's Healthcare Provider. ③ CALL 911 if child worsens or does not improve within 5-10 min  
 ④ Other \_\_\_\_\_

⇒ Healthcare Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FIELD TRIPS & FIELD DAY**

Asthma Medication & supplies must accompany student on all Field Trips and Field Days.

**SELF ADMINISTRATION OF ASTHMA MEDICATION BY STUDENT**

Student has a completed "Self Administration/Self Carry" Asthma Medication form signed & completed on file at school.  
 Student is NOT allowed to Self-Administer and/or Self Carry Asthma Medication.

**FOR SCHOOL USE**

Entered into Lumen on \_\_\_\_\_  Current Prescription \_\_\_\_\_  Medication/Supplies at school \_\_\_\_\_  
 Parent present at Asthma Meeting AAP reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_