



**Asthma Action Plan**

\*\*\*Please note this does not replace Medication Authorization Form\*\*\*

School:	Grade:	Year:
Student's Last Name:	First Name:	<input type="checkbox"/> M <input type="checkbox"/> F Date of Birth:
____/____/____ Date	_____ Parent/Guardian Signature	(____)_____ Home/Cell Phone
		(____)_____ Emergency Phone

Asthma Triggers \_\_\_\_\_ Spacer: \_\_\_\_\_ YES \_\_\_\_\_ NO

Does the student use an Epi-pen: YES / NO

**Green Zone: Doing Well**

Symptoms: Breathing is good, no cough or wheeze, can play and run

MEDICINE	DOSE	WHEN AND HOW OFTEN TO TAKE IT
FOR ASTHMA WITH EXERCISE, TAKE:		

**Yellow Zone: Caution. Child exhibiting some problems breathing**

Symptoms: Cough, mild wheeze, tight chest, shortness of breath, problems playing, exposure to known trigger

MEDICINE	DOSE	WHEN AND HOW OFTEN TO TAKE IT

- Can repeat dose every 4 hours as needed. If symptoms unresolved or getting worse, follow red zone, seek medical attention and contact the parent.

**Red Zone: Emergency. Quick-relief medicine has not helped**

**Symptoms: very short of breath, trouble talking/walking, nasal flaring, use of accessory muscles, blue or gray discoloration of the lips or fingernails. Obtain medical attention right away!**

MEDICINE	DOSE
	Number of puffs _____
	Can repeat every _____ minutes up to _____ times

**FOLLOW THE YELLOW AND RED ZONE INSTRUCTIONS FOR RESCUE MEDICATION ACCORDING TO THE STUDENT'S SYMPTOMS.**

**Healthcare Provider: (circle correct response)**

**YES / NO: Student is PERMITTED to CARRY an inhaler and SELF-MEDICATE at school with the understanding that he/she is to report to the school clinic if symptoms do not improve.**

(Licensed Prescriber's Stamp)	Licensed Prescriber's Printed Name: _____
	Licensed Prescriber's Signature: _____
	Date: ____/____/____
	Telephone Number: (____) _____

Rev 5/22

**\*\*\*Please note a new form is required for every school year**

**A Medication Administration Form Must Be Completed for Each Medication That is Listed on This Plan**

**SCHOOL FAX NUMBERS**

High School Fax: 440-995-6805  
 Middle School Fax: 440-449-1413  
 Center Fax: 440-995-7405

Gates Mills Fax: 440-995-7505  
 Lander Fax: 440-995-7355  
 Millridge Fax: 440-995-7255

Preschool Fax: 440-995-6805  
 CEVEC Fax: 440-646-1117  
 EXCEL TECC Fax: 440-995-6755