

# Academie Lafayette Asthma Action Plan

Name	Date of Birth	Effective School Year 20    to 20
Doctor	Parent/Guardian	
Doctor's Office Phone Number	Parent/Guardian Phone number	
Emergency contact after Parent	Contact Phone	

Please be sure that your ***Medication Form*** is filled out and signed by both the doctor and the Parent/Guardian. All forms must be updated in the Nurse's Office at the start of each school year.

## Green Zone    Use These Medications Every Day

<b>You have ALL of these:</b>		Medicine	How much to take	When to take it
Breathing is good No cough or wheeze Sleep through the night Can work or play	Peak Flow Above  _____			
		For Asthma with exercise take:		

## Yellow Zone (Caution)    Continue with Green Zone Medicine and ADD:

<b>If you have ANY of these:</b>		Medicine	How much to take	When to take it
First sign of a cold Exposure to known trigger Cough Mild Wheeze Tight Chest Coughing at night	And/or Peak Flow From  _____	First		
		Next		
		If Quick Reliever/Yellow Zone Medicine is needed more than 2-3 time a week, we will contact the Parent/Guardian and advise you to <u>Call Your Doctor!</u>		

## Red Zone (Danger)    Take These Medications and *Call your Doctor!*

<b>Your Asthma is Getting Worse Fast:</b>		Medicine	How much to take	When to take it
Medicine is not helping Breathing hard and fast Nose opens wide with breathing Ribs show with breathing Lips and/or fingernails blue Trouble walking and talking	And/or Peak Flow Is below  _____			
		<b>Get Help From a Doctor NOW!</b>		
		If we cannot reach the Parent/Guardian or the doctor, the student will be sent directly to the Emergency Room		

## Asthma Triggers - What makes your Asthma worse? Please check all that apply

<input type="checkbox"/> Illness	<input type="checkbox"/> Exercise	<input type="checkbox"/> Weather Changes	<input type="checkbox"/> Ozone Alert Days
<input type="checkbox"/> Animals	<input type="checkbox"/> Outdoor Allergies	<input type="checkbox"/> Strong Odors	<input type="checkbox"/> Foods
<input type="checkbox"/> Other:			

Doctor's Signature

Date

Parent/Guardian Signature

Date