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\$ VWKPD \$ F W L R Q 3 O D

^ š μ Name _____ DOB _____ / _____ / _____

6 HYHULW \ & O Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers (list) _____

1 HDN) ORZ 0 HWHU 3 H U V R Q D O % H V W

_____ Home School
 _____ Home School

3 K \ V L F D O \$ F W Use albuterol/levalbuterol _____ puffs, 15 minutes before activity with all activity when the child feels he/she needs it

Yellow Zone: Caution

6 \ P S W R P R P H S U R E O H P V E U H D W K L Q J å & R X J K Z K H H] H R U F K H V W W L J K W å 3 U R E O H P
 3 HDN) ORZ 0 H W H U _____ (between 50% and 79% of personal best)

4 X L F N Medication(s) Albuterol/levalbuterol _____ puffs, every 4 hours as needed
 & R Q Medication(s) Continue Green Zone medicines
 Add _____ Change to _____

7 K H F K L O G V K R X O G I H H O E H W W H U Z L W K L Q J W Å H P W Q R V W V , R I W K H H F K L O F Q M K H H - V H O O R Z Z =
 W K D Q K R X U V 7 + (1 I R O O R Z W K H L Q V W U X F W L R Q V L Q W K H 5 (' = 2 1 (D Q G F D O O W K H G R F

Red Zone: Get Help Now!

6 \ P S W R P R W V R I S U R E O H P V E U H D W K L Q J å & D Q Q R W Z R U N R Å S E D L F å Q H W W Q Q W Z R U O S L
 3 HDN) ORZ 0 H W H (less than 50% of personal best)

7 D N H 4 X L F N U H O L H I Albuterol/levalbuterol _____ puffs, _____ (how frequently)
 & D O O L P P H G L D W H O \ L I W K H I R O O R • Trouble breathing due to asthma or other illness
 • Still in the red zone after 15 minutes

6 F K R R O 6 P O D W the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms.
 The only control

+ H D O W K F D U H 3 U R Y L G H U

Name _____ Date _____ Phone (_____) _____ - _____ Signature _____

3 D U H Q W * X D U G L D Q

I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate consent to communication between the prescribing health care provider or clinic, the school nurse, necessary for asthma management and administration of this medicine.

Name _____ Date _____ Phone (_____) _____ - _____ Signature _____

6 F K R R O 1 X U V H

The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine v š Z Œ] • v μ š Z } Œ] ð š } v (} Œ u (} Œ • š μ v š • o (r u] v] • š Œ š } v } (Ũ P] š } v

Z o š Z Œ % Œ } Å] Œ X

Name _____ Date _____ Phone (_____) _____ - _____ Signature _____