



TO BE MAINTAINED IN PERMANENT RECORD. DO NOT DESTROY.

Asthma Emergency Care Plan

Name of Student: _____ Date of Birth: _____

Dear Parent:

We understand that your child has asthma. Please complete this form and return it to school as soon as possible. If your child needs medication at school, we must have a completed medication authorization form. It is your responsibility to inform school staff regarding your child’s medical needs. This Care Plan will be maintained on file for your student. If changes are needed to this Care Plan, please notify your School Nurse.

School Nurse _____

Phone _____



Green Zone

- Breathing is good
- No cough or wheeze
- Can work and play without symptoms or taking breaks

1. Take daily medications as ordered by your doctor.
2. Avoid environmental triggers when possible.

My child’s triggers are:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Pollens | <input type="checkbox"/> Temperature Changes | <input type="checkbox"/> Colds/Illness |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Perfumes/Chemicals | <input type="checkbox"/> Dust Mites |



Yellow Zone

- Coughing
- Wheezing
- Chest tightness
- Shortness of breath

1. Keep student calm and resting in a comfortable position. **Do not leave student alone.**

2. Administer rescue medication as ordered.

My child requires emergency medication at school.

Medication Authorization Required

My child does not require emergency medication at school.

Parent will be contacted for asthma symptoms.



Red Zone

- Medicine is not helping
- Breathing is hard and fast
- Difficulty speaking
- Ribs showing with inhale
- Nasal flaring

1. **Keep student calm and resting in a comfortable position. Do not leave student alone.**

2. **Administer rescue medication if available.**

3. **Call first responders and 9-1-1.**

The school nurse may communicate with the student’s health care provider:

Dr. _____ Phone _____

Parent/Guardian Signature _____

Date Completed _____

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.