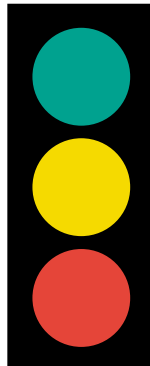


Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

Green means **Go Zone!**
Use preventive medicine.

Yellow Means **Caution Zone!**
Add quick-relief medicine.

Red means **Danger Zone!**
Get help from a doctor.

Personal Best Peak Flow _____

GO

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from
_____ to _____

CAUTION

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
 - Mild wheeze
- Tight chest
 - Coughing at night

Peak flow from
_____ to _____

DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow
reading below

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

--	--	--

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

CHRISTIAN HERITAGE ACADEMY
Inhaler/Epi-Pen Self-Administration Permission Form

School Year: _____ School: Christian Heritage Academy
Student Name _____ Birth Date _____ Grade _____
Emergency Parent Phone(s) _____

Dear Parents,
If you indicated on the school emergency form that your child has a severe allergy or asthma, please indicate your preference for treatment during school and/or extra-curricular activity (i.e. interscholastic sport activity).

INHALER USE (choose one of the following)

My child <u>requires</u> the use of an INHALER for asthma during school and extra-curricular activity. Physician forms must be on file with the School Nurse. <input type="checkbox"/> Medication will be kept in nurse's office. <input type="checkbox"/> He/she will <u>carry</u> his/her own medication. <input type="checkbox"/> He/she will <u>carry and administer</u> his/her own medication.
<input type="checkbox"/> My child <u>requires</u> the use of an INHALER for asthma during the extra-curricular activity. My student will NOT carry his own medication during school. I give my permission for my child to <u>pick up the inhaler stored in the Health Office</u> at dismissal or prior to the extra-curricular activity.

EPI-PEN and BENEDRYL USE (choose one of the following)

My child <u>requires</u> the use of an EPI-PEN and BENADRYL for the treatment of severe allergy during school and extra-curricular activity. Physician forms must be on file with the School Nurse. <input type="checkbox"/> Medication will be kept in nurse's office. <input type="checkbox"/> He/she will <u>carry</u> his/her own medication. <input type="checkbox"/> He/she will <u>carry and administer</u> his/her own medication.
<input type="checkbox"/> My child <u>requires</u> the use of an EPI-PEN and BENADRYL for the treatment of severe allergy during the extra-curricular activity. I give permission for my child to <u>pick up the EpiPen and/or Benadryl stored in the Health Office</u> to my child prior to the activity.

Please note: Students who self-carry or transport medication must hand it to the coach/staff member prior to the start of the activity. The coach/staff member will place it in the emergency bag for ease of access should an emergency occur. At the end of the activity, the student must retrieve the medication from the coach.

Parent Permission (All Grades):

I hereby give permission to Christian Heritage Academy personnel to allow my child to carry and use an asthma inhaler. My child knows how to use the inhaler, when to use the inhaler and when to seek adult assistance. I understand that by making this request, school personnel will not be supervising or be responsible for the administration of this medication. However, if the student is unable to self-administer and is experiencing a reaction, staff will administer the medication.

Physician Permission (All Grades):

I hereby give permission to Christian Heritage Academy personnel to allow my patient to carry and use an asthma inhaler. My staff and I have taught this child how to use the inhaler, when to use their inhaler and when to seek adult assistance. I understand that by making this request, school personnel will not be supervising the administration of this medication. However, if the student is unable to self-administer and is experiencing a reaction, staff will administer the medication.

Medication _____
Directions _____
Physician Name _____ **PHYSICIAN SIGNATURE** _____ Date _____
Office Phone Number _____ Fax # _____
Parent/Guardian gives permission to fax this form to Christian Heritage Academy at 847-446-5267. Yes or No

Parent Signature _____ Date _____

Student Signature (Grades 6-12) _____ Date _____

Office Use Only Approved: _____
