

Parents should complete this form and return to the Health Room by the first day of school.

Student Name:

Last _____ First _____ Middle _____ Grade _____ Date of Birth _____
 Parent/Guardian Name _____ Telephone _____ Cell _____
 Other Emergency Contact _____ Telephone _____ Cell _____
 Treating Physician _____ Telephone _____

CHILD'S TRIGGERS (check all that apply to your child)

- | | | |
|--|---|---|
| <input type="checkbox"/> Respiratory infections or flu | <input type="checkbox"/> Indoor pets | <input type="checkbox"/> Strong emotion |
| <input type="checkbox"/> Mold | <input type="checkbox"/> Exercise | <input type="checkbox"/> Cockroaches |
| <input type="checkbox"/> Pollen | <input type="checkbox"/> Strong odors or sprays | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Dust, dust mites | <input type="checkbox"/> Indoor/outdoor pollution | <input type="checkbox"/> Other allergies: _____ |
| <input type="checkbox"/> Weather/temperature changes | <input type="checkbox"/> Household cleaners | |

Flu Shot: Yes (If yes, date ___/___/___) No
 Student will self carry inhaler. (Please provide one for health room.) Yes No

GREEN ZONE - ALL CLEAR - GO!

USE CONTROLLER MEDICINES

ASTHMA IS WELL CONTROLLED

No controller medicine needed at this time.

You should have:

- No wheezing
- No coughing
- No chest tightness
- No waking up at night because of asthma
- No problems with play because of asthma
- Peak flow number from _____ to _____.

MEDICINE	METHOD	HOW MUCH	HOW OFTEN
			_____ times per day
			_____ times per day

15 minutes before exercise use _____ puffs (inhaled) _____. * Rinse child's mouth after using inhaled steroids (daily/controller medicines).

YELLOW ZONE - CAUTION - TAKE ACTION!

TAKE QUICK RELIEF MEDICINE

ASTHMA GETTING WORSE

Continue to use green zone daily medicine and add

You should have:

- Wheezing
- Coughing
- Chest tightness
- First signs of a cold
- Coughing at night
- Peak flow number from _____ to _____.

MEDICINE	METHOD	HOW MUCH	HOW OFTEN
Albuterol/Xopenex	Inhaled	_____ puffs or _____ vial	Every _____ hours prn

_____ May repeat after 20 minutes x 1 (indicate with check)

Also take:

MEDICINE	METHOD	HOW MUCH	HOW OFTEN

If yellow zone symptoms for 24-hours or child needs extra rescue medicine more than two times per week, call your child's doctor.

RED ZONE - STOP - GET HELP NOW!

TAKE QUICK RELIEF MEDICINE

You may have:

- | | |
|---|---|
| · Quick relief medicine that is not helping | · Trouble walking or talking |
| · Wheezing that is worse | · Chest and neck pulled in with each breath |
| · Faster breathing | · Or peak flow less than _____ |
| · Blue lips or nail beds | |

THIS IS AN EMERGENCY!

Continue to use green zone medicines and do the following:
 Use _____ puffs or 1 vial Albuterol/Xopenex inhaled every 20 minutes for a total of _____ doses.

CALL DOCTOR NOW! If you cannot reach doctor, **Call 911** or go directly to the **EMERGENCY ROOM! DO NOT WAIT!**

Physician Signature: _____ Date _____ Parent Signature: _____ Date _____

School Nurse Use Only: Student carries inhaler. Yes/No Inhaler in the Health Room. Yes/No Inhaler in classroom. Yes/No