

Check asthma severity:

PHYSICIAN SIGNATURE

PHYSICIAN STAMP

Asthma Action Plan

Doctor Parent/Guardian Parent's Phone Doctor's Office Phone Number Parent's Phone Emergency Contact After Parent Contact Phone Pay Attention to Symptoms. Check all items that trigger you have any of these: Peak Flow Personal Best Peak Flow CAUTION (Yellow) You have any of these: For asthma with exercise, take: Conditinue with gireen zone medicine. MEDICINE/DOSAGE HOW MUCH TO TAKE WHEN TO TAKE IT Comments: For asthma with exercise, take: Comments: For asthma with exercise, take: Comments: For asthma with exercise, take: Comments: For asthma with exercise, take: Comments: Comments: Second and and and things that trigger with exercise, take: Comments: Comments: Second and and and things that trigger with exercise, take: Comments: Comments: For asthma with exercise, take:	ww.idph.state.ia.us	(Press Firml		سر ا		hma medicines.		
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Emergency Contact After Parent Contact Phone Pay Attention to Symptoms. Check all items that trigger your asthma with exercise, take: Conditions Contact Phone	Doctor		Parent/Guardian	, , , , , , , , , , , , , , , , , , , ,				
Check all items	Doctor's Office Phone Nur	mber	Parent's Phone	,				
You have all of these: Breathing is good No cough or wheeze Sleep through the night Can work and play To Personal Best Peak Flow CAUTION (Yellow) You have any of these: Peak Flow First sign of cold Exposure to known flow from Mild wheeze Coughing at night Coughing at night Comments: Coughing at night Comments: For asthma with exercise, take: Comments: Comments: For asthma with exercise, take: Comments: Medicine is not helping Breathing is hard and fast to Nose opens wide Filos show Lips blue Fingernalls blue Asthma is a potentially life threatening liness, it you cannot contact your Lips blue Get help from a doctor now! It's important! Asthma is a potentially life threatening liness, it you cannot contact your Comments: Comments: Comments: Asthma is a potentially life threatening liness, it you cannot contact your Comments: Commen	Emergency Contact After	Parent	Contact Phone		Pay Attention to Symptoms.			
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MEDICINE/DOSAGE HOW MUCH TO TAKE WHEN TO TAKE	CAUTION (Yel	llow)	Continue witl	h green zone	medicine and ADD:	□ Exercise		
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with your primary care provider within two days of an En visit of hospitalization.	Trouble walking	d	Asthma is a potentially loctor, go directly to the er	·				
		W	with your primary care prov	vider within two days of ai	I EN VISIL OF HOSPITALIZATION.			

Funding provided through a cooperative agreement with the Centers for Disease Control and Prevention

☐ Mild Intermittent ☐ Mild Persistent

☐ Moderate Persistent ☐ Severe Persistent

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Consent For Student to Self-Administer Asthma Medication

Parental Authorization and Rele Medication/Health Service	ease for the	Administrati	on of Studen	t Presc ri pi	tion	
	1	/			1 1	
Student's Name (Last), (First) (Middle)	/ Birthday		School		Date
 School medications and health Parent has provided a seprovide the health service The medication is in the labeled container. The medication label container, and date. Authorization is renewed that changes are necessing. 	igned, dated be. original, lab ntains the st l annually a	d authorizati eled contair tudent's nan	on to adminis her as dispen he, name of th	ster medica sed or the ne medica	ation and manufac	cturer's
Medication/HealthService	Dosag	 ge	Route	 .	Time	
Administration instructions						
Special Instructions and Possible	e Side Effec	ets			· · · · · · · · · · · · · · · · · · ·	 •
		1 1		·/		,
Prescriber's Name		Date	Discontinue	e/Re-Evalua	ite/Follow-u	pDate
Prescriber's Address		Em	ergency Pho	ne		
I request the above student rece according to the prescription, ins noted above. The information is and Privacy Act (FERPA). I agree to when questions arise. I agree to school and to pick up remaining the school and the school a	tructions, ar confidential e to coordin provide safe	nd a written except as p ate and wor e delivery of	record kept. rovided to the k with school medication a	Special co Family E personne	onsideration Education el and pre	ons are Rights scriber
Parent's Signature			Date –			
arent's dignature						
Parent's Address			F	lome Phoi	ne	
Additional Information			Business	Phone		
Authorization Form					edited 8/0	 04 cb