Academie Lafayette Asthma Action Plan							
Name		Date of Birth		Effective Sc	Effective School Year 20 to 20		
Doctor			Parent/Guardian				
Doctor's Office Phone Number			Parent/Guardian Phone number				
Emergency contact after Parent		Contact Phone					
Please be sure that your <u>Medication Form</u> is filled out and signed by both the doctor and the Parent/Guardian.							
All forms must be updated in the Nurse's Office at the start of each school year.							
Green Zone					edications Every Day		
You have ALL of these:		Med	icine	How much to t	ake W	/hen to take it	
Breathing is good	Peak Flow						
No cough or wheeze	Above						
Sleep through the night Can work or play							
, ,	<u> </u>		Fo	or Asthma with exer	hma with exercise take:		
Yellow Zone (Caut	Contin	nue with Green Zone Medicine and ADD:					
If you have ANY of these:	And/or	Medicine H		How much to t	w much to take When to take it		
First sign of a cold	Peak Flow	First					
Exposure to known trigger	From	Next					
Cough							
Mild Wheeze	То						
Tight Chest Coughing at night		If Quick Reliever/Yellow Zone Medicine is needed more than 2-3 time a week,					
we will contact the Parent/Guardian and advise you to <u>Call Your Doctor!</u>							
Red Zone (Danger)							
Your Asthma is <i>Getting</i>		ivied	icine	How much to t	ake w	/hen to take it	
Worse Fast:	And/or Peak Flow						
Medicine is not helping	Is below						
Breathing hard and fast Nose opens wide with breathin							
Ribs show with breathing				ot Holp From a Doct	tor NOW!		
Lips and/or fingernails blue		Get Help From a Doctor NOW! If we cannot reach the Parent/Guardian or the doctor, the student will be sent					
Trouble walking and talking directly to the Emergency Room							
Asthma Triggers - What makes your Asthma worse? Please check all that apply							
o Illness	o Exercise		 Weather Changes 		Ozone Alert Days		
o Animals	o Outdoor Alle	oor Allergies		 Strong Odors 		o Foods	
o Other:							

Doctor's Signature Date Parent/Guaridan Signature Date