Name		Birthdate	Teacher	
			Fax	
			Phone	
			ak Flow Reading	
Green	Zone: All Clear			
•	-	asthma symptoms with activity or		
		to (80%-100% of		
		ed 10-20 minutes before sports, exe	ercise or other strenuous activity.	
	Pre-exercise medicati	ons listed in #1 below.		
Yellow	v Zone: Caution			
•	Cough or wheeze. Che	est is tight. Short of breath.		
•	Peak Flow Range:	to (50%-80% of po	ersonal best) <i>If applicable.</i>	
•	•	eliever. Give medications as listed	below.	
•	May re-check peak flo			
•	·	nd to treatment in 15-20 minutes a	nd return to Green Zone, if not, contact parent.	
Red Zo	one: Emergency Plan			
•	Call EM-911 if student	thas any of the following:		
	✓ Coughs constantly			
	•	15-20 minutes after initial treatme		
		ng with some or all of these sympt neck pulled in with breathing	oms of respiratory distress:	
	☐ Stooped b	-		
	☐ Struggling			
		ng or talking due to shortness of br	eath	
	✓ Lips or fingernails			
		(50% of personal		
•	•	eliever. Give medications as listed	below.	
•	Re-check Peak Flow in			
•	Contact parent or gua	nd to treatment in 15-20 minutes.		
•	Contact parent of gua	ruidii.		
FMED	CENICY ASTHMA MEDI	CATIONS—To be completed by Health	ocaro Drovidor	
			Dose	
			Dose	
	ization by Healthcare Prov This child has received in	<i>viaer:</i> nstruction in the proper use of his/her	asthma medications	
			not (Circle One) be allowed to carry, store, and use	his/hei
	asthma medications by	him/herself.		
Health	care Provider Signature: _		Date	
Anchor	age School District, Nursi	ng & Haalth Sarvices	Page 1 of 2	
	age School District, Nursii 0505 Revised 6/2013	ig & Health Jei Vices	Fage 1 01 2	<u>-</u>

DAILY AST	HMA M ANAGEMENT PLAN <i>Side</i> :	2. Continu	ed: TO BE COMPLETED BY P	ARENT/G	UARDIAN AND STUDENT	
	ame:			•		
	fy the things which start an as					from the
	nt's environment as much as pos	-	sode (ii kilowii) check ali tilat	арріў. і	nese should be excluded h	TOIL CITE
	Exercise		Chalkdust/ Dust		Food	
	Strong Odors or Fumes		Carpets in Room		Molds	
	Respiratory Infections		Animals		Latex	
	Change in Temperature		Pollens Spring/Summer/Fall		Other:	
List al	asthma medications taken each	day (inclu	uding at home).			
	Name	, ,	Amou	nt	When to Use	
1						
2.						
3						
Comm	ents and Special Instructions					
						
			AUTHORIZATIONS			
			A UTHORIZATIONS:			
PARENT/C	GUARDIAN.		AUTHORIZATIONS:			
	GUARDIAN:					
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