



Student's Name: _____ Date of birth: _____ Student ID Number: _____ Grade: _____ Medication Allergies: _____

Asthma symptoms are triggered by: Exercise Illness Pollen Smoke Air Pollution Animals Cold Air Molds Foods (list) _____
 Other (list) _____

If a student has **any** of the following symptoms: chest tightness, difficulty breathing, wheezing, excessive coughing, shortness of breath:
1. Stop activity & help student to a sitting position
2. Stay calm, reassure student
3. Assist student with the use of their inhaler
4. Escort student to the school clinic or call for nurse for immediate assistance. Never send the student to the clinic alone!

CALL 911 FOR ANY OF THESE!
• If breathing does not improve after medication is given
• Student is having trouble walking or talking
• Student is struggling to breathe
• Student's chest and/or neck is pulling in while breathing
• Student's lips are blue, and/or
• Student must hunch over to breathe

INHALER IS KEPT: In School Clinic Self Carry

HEALTH CARE PROVIDER, Please complete all items in box:

Asthma Severity: Intermittent Mild persistent Moderate persistent Severe persistent

Controller Medication given at home: _____

Name of Medication 1/How much?/How often? _____

Name of Medication 2/How much?/How often? _____

GREEN ZONE

*Peak Flow _____
80 to 100% of personal best

Asthma Symptoms

- No Cough, wheeze or shortness of breath
- Able to do all normal activities including exercise and play
- No symptoms at night
- No need for quick relief medications for symptoms

Exercise Induced Asthma: Use quick relief inhaler before exercise as ordered below:

Name of medication/How much/How often _____

YELLOW ZONE

*Peak Flow _____
50 to 80% of personal best

Asthma Symptoms

- Coughing, wheezing, shortness of breath, or chest tightness
- Using quick relief medication more than usual
- Can do some but not all of usual activities
- Asthma night time symptoms

Add or change these medications (see below):

Name of medication/How much/How often _____

nebulizer _____

Parent/guardian-call medical provider if using quick relief medication more than twice a week or no symptom improvement

RED ZONE

*Peak Flow _____
Less than 50% of personal best

Asthma Symptoms

- Medication unavailable or not working
- Getting worse not better
- Breathing hard and fast
- Chest/neck pulling in
- Difficulty walking or talking
- Lips or fingernails blue
- Hunched over to breathe

Take Quick Relief Medication Now!
Call 911 & continue to give Quick Relief Medication every 20 minutes until EMS arrives!
Add or change these medication (see below):

Name of medication/How much/How often _____

nebulizer _____

Other Emergency meds _____

Contact Parent & Provider-See Contact Info Below

Date: _____ Provider signature _____ Provider Printed Name _____

Provider phone _____ Fax _____ Parent Signature _____

SELF-ADMINISTRATION: By checking THIS box AND signing ABOVE, the Health Care Provider and parent, give written authorization of permission for this child to self-carry and self-administer prescription asthma medication during school or at school-related events.

Implementation of these orders and care includes authorization to contact and discuss this condition and elements of care with healthcare providers

Parent/Guardian signature _____ Date _____

Home phone/cell _____ Work phone _____ Alternative contact # _____

School Nurse Signature _____ Date _____ Phone _____ Fax _____

It is the policy of the Houston Independent School District not to discriminate on the basis of age, color, handicap or disability, ancestry, national origin, race, religion, sex, veteran status or political affiliation in its educational or employment programs and activities.