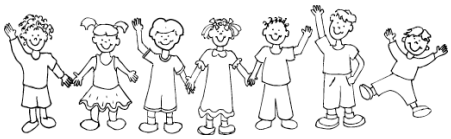


Play and Learn School

Dear Parent/Guardian,

Our records indicate that your child has asthma. To help us provide a safe and healthy school environment, please complete the enclosed Asthma Action Plan with your child's healthcare provider.

The Asthma Action Plan provides important information about your child's asthma triggers, daily medications, warning signs, emergency treatment, and the steps school staff should take if your child experiences asthma symptoms while at school. This information enables trained school personnel to respond quickly and appropriately and helps your child participate safely in all school activities.

If your child requires an inhaler or any other asthma medication during the school day, a completed Request for Medication Administration form must also be submitted. Please ensure that all medications are provided in their original, properly labeled container.

Please notify the school immediately if there are any changes to your child's asthma diagnosis, medications, treatment plan, healthcare provider, or emergency daytime contact information.

The following forms must be returned to the school office prior to the first day of school:

- Asthma Action Plan (completed by the Parent/Guardian and Healthcare Provider)
- Request for Medication Administration (if medication is required at school)

Thank you for your prompt attention to these important requirements. We appreciate your partnership in helping us provide a safe and supportive learning environment for your child. We look forward to working with your family throughout the school year.

Sincerely,

Jason Hoffman

American Lung Association.

My Asthma **Action Plan** for Home and Childcare

Date Completed: ____ / ____ / _____

Scan the QR Code to access How-To Videos

Name: _____ Childcare: _____ DOB: ____ / ____ / ____

Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list): _____

☐ **Vaccinations updated** _____ (date)

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Playing, eating well – Sleeping well

	Medicine	How much to take	When and how often to take it	Take at
Control Medicine(s)				☐ Home ☐ Childcare
Quick Relief Medicine(s)				☐ Home ☐ Childcare

SMART/ MART ☐ formoterol __ puff(s) twice daily with spacer (max dose 12 or 8 for children 4-11 yrs)

Physical Activity ☐ Quick-Relief

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough or wheeze – Breathing faster – Less active, fussy – Trouble feeding

Quick-relief Medicine(s) ☐ ____ puffs, _____ frequency

Control Medicine(s) ☐ Continue Green Zone medicines OR Nebulizer (use once)

SMART/ MART ☐ formoterol __ puff(s) twice daily with spacer (max dose 12 or 8 for children 4-11 yrs)

☐ Add ____ puffs, every _____ minutes

AIR ☐

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problem breathing – Struggling to breathe – Chest or belly pulling in- Nostrils flaring- Grunting – Pale, gray, or bluish lips/skin

Take Quick-relief Medicine NOW! ☐ ____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present:

- Severe trouble breathing (very fast breathing, struggling, can't feed or cry)
- Blue/gray/pale lips or fingernails
- Still in the Red Zone after 15 minutes

Childcare Staff: Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms.
The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take to Childcare".

Healthcare Provider

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

Parent/Guardian

☐ I give permission for the medicines listed in the action plan to be administered in the childcare by designated trained staff.

☐ I give permission for the healthcare provider who prescribes asthma medicine to communicate about asthma care and medication use.

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

Childcare Staff – Medication Storage and Handling

☐ All asthma medications must be stores in their original containers with the pharmacy or provider label and directions intact. Medications must be stored so they are inaccessible to children and the public and handled according to the instructions in this Asthma Action Plan.

☐ This action plan must be kept in the child's file and implemented by childcare staff as written.

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

Please provide a signed copy to the parent, childcare, and healthcare provider.

1-800-LUNGUSA | Lung.org

American Lung Association.

How to Use a Metered-Dose Inhaler with a Valved Holding Chamber (Spacer) and Mask

Prime a brand-new inhaler: Before using it for the first time, if you have not used it for more than 7 days, or if it has been dropped.

1. Shake inhaler 10 seconds.

2. Take the cap off the inhaler. Make sure the mouthpiece and valved holding chamber are clean and there is nothing inside the mouthpiece.

3. Put inhaler mouthpiece into the open end of the chamber/spacer. Put mask onto the chamber if it is not already attached.

4. Place the mask over the individual's nose and mouth making a tight seal.

5. Press down on the inhaler once.

6. Hold mask on individual's face, while they take 6 regular breaths.

   If you need another puff of medicine, wait 1 minute and repeat steps 4-6.

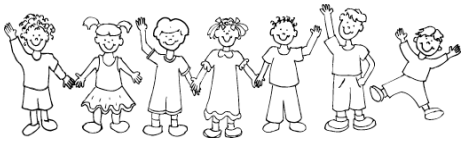
7. Rinse with water and spit it out. Wipe face with damp cloth.

Proper inhalation technique is important when taking your asthma medicine(s) and monitoring your breathing. Make sure to bring all your medicines and devices to each visit with your primary care provider or pharmacist to check for correct use, or if you have trouble using them.

For more videos, handouts, tutorials and resources, visit Lung.org.

Scan the QR Code to access How-To Videos

You can also connect with a respiratory therapist for one-on-one, free support from the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.



Play and Learn School

Request for Medication Administration

In accordance with Play and Learn School policy, staff members are permitted to administer medication. Administration of medication at the center will only be done when it is impossible for parents to fulfill the recommended cycle of delivery. This is to be done only if medication has been prescribed by the child's health care professional who has noted diagnosis, medication, dosage and time. This includes any over the counter medications. In addition, a parent/guardian must sign the permission form below and return to the office. The permission form must be updated every school year.

The prescription must be in properly labeled pharmacy containers. Over the counter medications must be in the original, sealed container and accompanied by a health care professional's note. Medication must be brought to the office and picked up by a designated adult.

I understand that Play and Learn School and its employees or agents shall have no liability as a result of any injury arising from the administration of the medication listed below; and shall indemnify and hold harmless the school and its employees or agents against any claims arising out of administration of the medication.

If your child has a food allergy, asthma, or seizure disorder, this form must be filled out for each medication in addition to the action plans that have been developed for those medications. Forms are available in the school office.

Authorization is hereby given for medication to be administered in school to:

Child's Name		Date of Birth
Diagnosis		
Dosage	Frequency	Time to be Given
In the event of school trips, child may skip medication for the day? ☐ Yes ☐ No		

Healthcare Provider's Name (please print)		
Healthcare Provider's Signature		Healthcare Providers Stamp
Date	Phone	

Parent/Guardian Signature	Date