WAYMARK ACADEMY, ROCKFISH COUNTRY KIDS and THE NATURE SCHOOL NC

ASTHMA ACTION PLAN

TO BE COMPLETED BY THE MEDICAL PROVIDER

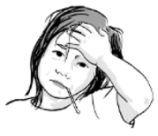
If a child has asthma, the child's healthcare provider must complete a medical action plan and attach it to the child's application. The plan must be updated both annually and anytime there are changes to the child's health status or treatment plan.

Student's Name:	Date of Birth:

Asthma Triggers				**Severity of Asthma**
☐ Carpet ☐ Animals ☐ Tobacco smoke	☐ Mold ☐ Pollen ☐ Dust (mites)	☐ Cockroaches ☐ Chemical Sprays ☐ Strong Odor	☐ Changes in weather ☐ Illness ☐ _____	☐ Mild intermittent ☐ Mild persistent ☐ Moderate persistent ☐ Severe persistent
List Allergies:				

DIRECTIONS ON THE LABEL (MEDICINE) MUST MATCH ALL ZONES ON THIS ACTION PLAN.

GREEN – GO Child is breathing well.		Use these long-term CONTROL medicines **every day** to keep child in the green zone.		
No cough or wheeze.  Sleeps well at night.	Plays actively.  No early warning sign.	Medicine:	How much to give:	When to give:
		Medication before active play or exercise: ☐ None needed ☐ Medication _____ - Dose _____. Give _____ minutes before active play or exercise.		

YELLOW – CAUTION Child has some problems breathing.	Keep using long-term CONTROL Green Zone medicines every day. **ADD** quick-relief medicines to keep asthma from becoming worse. Parent/legal guardian contacts the health care provider when quick-relief medicine is used more than twice a week.		
  • Coughing • Wheezing • May squat or hunch over • Chest tight • Walking often instead of running • Poor appetite • Decreased play or activity • Other early symptoms (child-specific): _____ _____ _____	Medicine:	How much to give:	When to give:
	Albuterol _____ _____ **OR** _____ _____ _____	_____ puffs by inhaler (with spacer) **OR** _____ by nebulizer (with mask)	Give first dose as soon as possible. Call parent/guardian. Monitor for 15 minutes. Repeat every _____ minutes for up to a total of _____ doses if needed.
	The parent/guardian is required to pick up if it is necessary to give a 2nd dose. If symptoms worsen or do not subside, 9-1-1 will be called.		

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RED – DANGER Child has severe problems with breathing.		**Get help!** Give quick-relief medicines until help arrives.		
CHILD HAS SEVERE SYMPTOMS! 	CALL 9-1-1 If symptoms last more than a few minutes. 	Medicine:	How much to give:	When to give:
SEVERE SYMPTOMS • Getting worse instead of better • Coughing constantly • Cannot talk well • Cannot play or walk. • Breathing is hard and fast, gasping. • Nostrils open wide when child breathes. • Chest muscles tight. Space between ribs and over the chest bone sucks in with each breath. • Fingernails or lips turn blue		Albuterol _____ _____ **OR** _____ _____ _____	_____ puffs by inhaler (with spacer) **OR** _____ by nebulizer (with mask)	• Give a dose immediately. • Call parent/guardian if not previously called. • Repeat dose every _____ minutes until medical help is obtained. • **Do not leave child alone.**
		Additional notes:		

Childcare staff trained to care for child: All staff that is CPR/First Aid certified

Physician's Signature_____ Date: _____ Physician's Printed Name: _____ Office Phone: _____ FAX: _____ Office Address: _____ City, State, ZIP: _____	**MD Stamp Below**

This form will expire one year from the date the physician signed.

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I understand that:

- prescription medications may be administered at school and must be in an unopened, pharmacy-labeled prescription bottle that matches the Action Plan. Medication dosage, time, and intervals must be exact for all Zones.
- non-medical personnel administer medications daily.
- prior to the first day attending, the parent/guardian is required to sign the check-in/check-out log for medication.
- students are not permitted to transport medication to or from school.
- medication may only be administered as ordered on the action plan.
- if medication is not available at the school, 9-1-1 will be called for emergencies.
- a medical action plan must be filled out prior to the first day attending
- **medication not picked up within two weeks of the last day of school will be discarded.**

RELEASE OF LIABILITY FORM

I _____ the parent/legal guardian of _____ realizing the importance of administering medication to my child as prescribed by the child's physician, do hereby agree to relieve designated school personnel, Waymark Academy, Rockfish Country Kids, The Nature School NC, and Gregg and Cheryl Allin of and from any liability from any potential ill effects as a result of their injecting or giving my child medication prescribed by the child's physician. I have discussed this with my physician and/or legal counsel (lawyer) and realize its ramifications and thoroughly understand the meanings of these statements. I consent for the medical provider to disclose health or medical information regarding medication prescribed. I understand that I may revoke this consent at any time, except to the extent action has been taken in reliance on it. This consent is valid until I revoke it in writing or for the term of one year.

Parent/Legal Guardian's Signature: _____ Date: _____