

**Benjamin School District 25  
Emergency Asthma Plan and Medication Orders**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_  
Emergency Contact Phone #1 \_\_\_\_\_ Emergency Contact Phone #2 \_\_\_\_\_

**GO ZONE (Green) – INFREQUENT/MINIMAL SYMPTOMS**

- ASTHMA TRIGGERS:     None Known     Animals     Cold Air     Exercise  
                                  Pollens             Respiratory Colds
- INHALER LOCATED:     Office     Backpack     On Person     Other: \_\_\_\_\_
- EXERCISE PRE-TREATMENT:
- Give 2 puffs of inhaler 15-30 minutes prior to recess / physical education  
 May repeat 2 puffs of inhaler if symptoms recur. Notify School Nurse and send to Health Office



**CAUTION ZONE (Yellow) - SIGNIFICANT SYMPTOMS**

- If student is coughing, wheezing, and having difficulty breathing:
- Give 2 puffs of inhaler. If does not recover to Green Zone, notify School Nurse or send to Health Office  
 Other: \_\_\_\_\_
- Until symptoms are in the **GO (green) ZONE**, restrict strenuous physical activity.  
If no improvement after repeated dose see **STOP (red) ZONE**



**STOP ZONE (Red) CALL 9-1-1 – DO NOT LEAVE STUDENT UNATTENDED**

- If student is very short of breath, has difficulty walking or talking, is blue appearance to lips or nails, you can see ribs during breathing, and quick relief medication is not working:**
- Call Health Office  
 Give 2 puffs inhaler  
 Give Epi-Pen if available:     Can carry & self-administer Epi –Pen     Needs help giving the Epi-Pen  
 Call 9-1-1  
 Notify Parents  
 Other: \_\_\_\_\_  
 Initiate Code Yellow

**Please circle your response and sign:** I (do / do not) give the School Nurse my permission to share information relevant to my child's medical status with school staff on a "need to know" basis, if she/he determines that this information is necessary to assure my child's health and safety.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_