

Asthma Action Plan for School Use

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

Emergency Contact: _____

Asthma Triggers:

- Allergens (e.g., pollen, dust mites)
- Cold air
- Physical exercise
- Strong odors (e.g., perfumes, cleaning products)

Symptoms:

- Coughing
- Wheezing
- Shortness of breath
- Tightness in chest

Daily Management:

Inhaler Type: _____

Dosage: _____

Maintenance Medication: _____

Action Steps:

Green Zone (Good Control):

Symptoms are under control. Continue daily medications.

Yellow Zone (Caution):

Use rescue inhaler and notify the school nurse. Symptoms may include:

- Increased coughing
- Wheezing or coughing during exercise

Red Zone (Medical Alert):

Call 911 and follow emergency procedures if the student:

- Cannot breathe well
- Has lips or fingers blue
- Is struggling to talk or walk

Additional Notes:

Parent/Guardian Signature: _____

Date: _____