



Parents must complete and submit the **ASTHMA ACTION PLAN** in order to authorize Lexington Christian Academy (LCA) personnel. Parents must update the form prior to each year the student is attending LCA. For your reference, LCA's Medical Guidelines can be found on the back of this Asthma Action Plan

STUDENT INFORMATION

FAMILY INFORMATION

Name: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother Cell#: \_\_\_\_\_ Father Cell #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Cell Phone #: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MEDICAL INFORMATION TO BE COMPLETED BY PHYSICIAN

**TRIGGERS:** \_\_\_ Pollen \_\_\_ Dust Mites \_\_\_ Smoke  
 \_\_\_ Exercise \_\_\_ Weather \_\_\_ Food  
 \_\_\_ Mold \_\_\_ Animals \_\_\_ Other: \_\_\_\_\_  
 \_\_\_ Cold/Flu \_\_\_ Air Pollution

**ASTHMA SEVERITY CLASSIFICATION:** \_\_\_ Intermittent  
 \_\_\_ Mild Persistent  
 \_\_\_ Moderate Persistent  
 \_\_\_ Severe Persistent

**EXERCISE PRE-TREATMENT:** \_\_\_ Not required  
 \_\_\_ Before recess (select treatment to the right)  
 \_\_\_ Before P.E./Sports (select treatment to the right)

**GIVE TO THE STUDENT:** Medicine: \_\_\_\_\_  
 How much: \_\_\_\_\_  
 Where: \_\_\_\_\_

**GREEN ZONE – ALL CLEAR – ASTHMA IS WELL CONTROLLED**

\_\_\_ If checked, no controlled medication at this time.

**Symptoms:**

- \* Breathing is easy
- \* No cough or wheeze
- \* Can do usual activities

Peak follow from \_\_\_\_\_ to \_\_\_\_\_

MEDICATION	METHOD	DOSAGE	TIMES TO BE GIVEN

**YELLOW ZONE – CAUTION – TAKEN ACTION – ASTHMA IS GETTING WORSE**

**Symptoms:**

- \* Some shortness of breath
- \* Cough, wheeze or chest tightness
- \* Some difficulty doing usual activities
- \* Sleep disturbed by symptoms
- \* Symptoms of a cold or flu

Peak flow from \_\_\_\_\_ to \_\_\_\_\_  
 your doctor if: \_\_\_\_\_

MEDICATION	METHOD	DOSAGE	TIMES TO BE GIVEN

Call

If yellow zone symptoms continue for 24 hours or if a child needs extra rescue medicine more than two times per week, call your child's doctor.

**RED ZONE – STOP! GET HELP NOW – TAKE QUICK RELIEF MEDICINE**

**Symptoms:**

- \* Severe breathing problems
- \* Chest and neck pulled in with each breath
- \* Cannot do usual activities
- \* Difficulty walking or talking
- \* Rescue medicine is not helping

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

**THIS IS AN EMERGENCY!**

**Continue green zone medicines and do the following:**

- \* \_\_\_ puffs of Albuterol / Xopenex
- \* \_\_\_ one vial of Albuterol / Xopenex
- \* Inhaled every 20 minutes for a total of \_\_\_ doses.

**CALL DOCTOR NOW!** If you cannot reach doctor, **CALL 911**  
 or go directly to the **EMERGENCY ROOM! DO NOT WAIT!**

**\_\_\_ IF CHECKED STUDENT WILL SELF-CARRY INHALER.**

This student is capable and has been instructed in the proper method of self-administering medications named above. All students are encouraged to provide an additional inhaler to the school nurse.

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY **MAY 27 2022**. THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.



### MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. (Medication prescribed three times per day can be given before school, after school, and at bedtime.) If a new medication is started, the first dose must be given at home, unless it is a rescue medication.

The school will adhere to the following guidelines as it pertains to medication:

1) Administration of prescription medication by school personnel must only be done according to the written order of a physician / licensed prescriber and written authorization of parent / guardian and Licensed School Nurse, regardless of the student's age.

- Mixed dosages in a single container will not be accepted for administration at school.
- If a half tablet is required for a correct dosage, it is the parent's / guardian's responsibility to provide pre-cut tablets for administration at school.
- Altered forms of medication will not be accepted or administered at school.
- Narcotics / medical cannabis will not be administered at school.
- Aspirin-containing products will not be administered at school.
- Only FDA approved treatments will be provided at school.

2) All medication (prescription and non-prescription) must be brought to and from school by a parent / guardian in its original container. The following information must be on the prescribed container label:

- Student's full name
- Name and dosage of medication
- Time and directions for administration at school
- Physician / licensed prescriber's name
- Date (must be current)

3) New consent forms with licensed health care provider and parent / guardian signatures must be received each school year.

4) A new medication consent form is required when the medication dosage or time of administration is changed.

5) When a long term daily medication is stopped, a written physician / licensed prescriber's order is requested.

6) Medication will be kept in a locked cabinet in the Nurse's Office unless authorized by the Licensed School Nurse, and must not be carried by the student.