

# ASTHMA MEDICATION AUTHORIZATION FORM

<b>Child's Name:</b>	<b>Date of Birth:</b>
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<b>Name of Medication(s):</b> Student may self-administer medications: <input type="checkbox"/> Yes <input type="checkbox"/> No Student may bring medications on field trips: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount/Dose:</b>
<b>Start Date:</b>	<b>Stop Date:</b>
<b>Times to be Given:</b>	<b>Route: (example – injection)</b>
<b>Possible Side Effects:</b>	<b>Special Instructions:</b>
Is the above information consistent with label? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requires Refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
*Licensed Health Professional Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Licensed Health Professional Name (Print)*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Custodial Parent/Guardian Signature*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Custodial Parent/Guardian Signature*

\_\_\_\_\_  
*Phone Number*

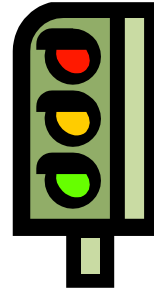
# ASTHMA PATIENT ACTION PLAN

Student's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Healthcare Provider's Name: \_\_\_\_\_

Phone: \_\_\_\_\_



You can use the colors of a traffic light to help you learn about your asthma medicines

## 1. Green –Go

Use controller medicine.

- Breathing is good
- No coughing or wheezing
- Can work and play



<u>Medicine</u>	<u>How much to take</u>	<u>When to take it</u>
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Peak Flow Number  
to

20 minutes before sports, use this medicine:

\_\_\_\_\_

## 2. Yellow –Caution

Use controller medicine. Take reliever medicine to keep an asthma attack from getting bad.



Coughing      Wheezing      Tight Chest

<u>Medicine</u>	<u>How much to take</u>	<u>When to take it</u>
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Peak Flow Number ""

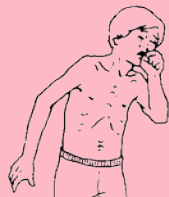
Waking up at night  
"....."vq

## 3. Red – Stop –Danger

**Get help from a doctor now!**

Take these medicines until you talk with the doctor.

- Medicine is not helping
- Breathing is hard and fast
- Nostrils open wide
- Can't walk
- Ribs show
- Can't talk well



<u>Medicine</u>	<u>How much to take</u>	<u>When to take it</u>
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Peak Flow Number  
to