HS0021
Rev. 7/22

ASTHMA/REACTIVE AIRWAY ACTION PLAN

Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

Student Name: _____ ID#: _____ Grade: _____

INFORMATION FOR PARENTS AND GUARDIANS

Your student's health record shows a history of Asthma/Reactive Airway Disease or use of asthma medications.

❑ **Please check here and sign if your student has been symptom free and has not used any asthma medications for the past 3 years.**

Parent Signature _____ Date _____

STOP HERE if you checked this box. Return form to Health Office.

Check the triggers that cause your student to have breathing problems:

❑ Exercise
❑ Respiratory Infections/Colds
❑ Change in Temperature/Weather
❑ Animals _____
❑ Strong odors or fumes
❑ Pollens
❑ Plants
❑ Food _____
❑ Molds
❑ Emotional Triggers
❑ Smoke
❑ Other _____

Check the symptoms your student has when he/she is having breathing problems:

❑ Cough
❑ Wheeze
❑ Shortness of Breath
❑ Anxiety
❑ Restlessness
❑ Complaints of Chest Tightness
❑ Other _____

MEDICATIONS USED EVERY DAY: GREEN ZONE	DOSE/ROUTE	TIMES/DAY

LPS form HS0019 (Request to Provide Medications) must be completed for medications administered at school.

QUICK-RELIEF/RESCUE MEDICATIONS: YELLOW ZONE / RED ZONE	DOSE/ROUTE	TIMES/DAY

(Over)

BEFORE EXERCISE/ACTIVITY, IF NEEDED TAKE:	DOSE/ROUTE	TIMES/DAY

Instructions/Additional Activity Accommodations:

SCHOOL EMERGENCY & SAFETY PLAN: Please share information for a school evacuation, relocation or lock down situation *(ex. Parent will provide an extra rescue inhaler to be kept in classroom).*

Please attach a copy of any asthma plan provided by your licensed medical provider.

Name of medical provider: _____

Parent/Guardian name: _____

Best contact phone number: _____

Parent/Guardian signature: _____ Date: _____

This form is requested annually if:

- Your student has had an asthma-type episode in the last three years, and/or
- Your student currently uses medication to improve breathing, and/or
- Your student has been in the hospital or the emergency room for breathing problems in the last three years.
- This information is important to keeping your student safe, and providing correct emergency response at school.
- It is a priority for us to have current emergency contact information for you.
- Written authorization from your student's licensed medical provider is required for medically necessary cares at school (if any needed, including medications). **New authorization is needed for each school year and/or when medical orders change.**
- The school nurse may contact you or your student's licensed medical provider if additional information or clarification is needed for cares at school.
- Information will be shared as appropriate with other school and emergency personnel to benefit your student's safety and success.
- Self-Management of Asthma and/or the carrying of medications requires additional consents. Contact your school nurse.
- If you have questions, please contact the school nurse at your student's school.

OFFICE USE ONLY

DATE	ANNUAL REVIEW COMMENTS