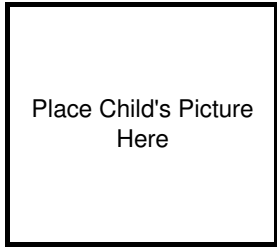


9/8/2014

MANSFIELD PUBLIC SCHOOLS  
HEALTH SERVICES  
STUDENT WITH ASTHMA  
EMERGENCY HEALTH CARE PLAN



Effective Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ GR: \_\_\_\_\_ Teacher: \_\_\_\_\_

Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Significant medical history: \_\_\_\_\_

Other medications taken by student: \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY A PHYSICIAN:**

**Severity Classification:**

- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

**Triggers:**

- Colds
- Smoke
- Weather
- Dust
- Food
- Exercise
- Animals
- Other \_\_\_\_\_

**Exercise:**

Premedicate before Exercise

Dose: \_\_\_\_\_

When: \_\_\_\_\_

**GREEN ZONE: *Doing Well***

Breathing is good  
 No cough or wheeze  
 Can work and play  
 Sleeps well at night

**Control Medications:**

Medicine: \_\_\_\_\_  
 Dose: \_\_\_\_\_  
 When: \_\_\_\_\_

**YELLOW ZONE: *Getting Worse***

Some problems breathing  
 Cough, wheeze, or chest tight  
 Problems working or playing  
 Wakes up at night

**Quick Relief Medicines:**

Medicine: \_\_\_\_\_  
 Dose: \_\_\_\_\_  
 When: \_\_\_\_\_

**RED ZONE: *Medical Alert***

Lots of problems breathing  
 Cannot work or play  
 Getting worse instead of better  
 Medication is not helping

**Add the Following Medication:**

Medicine: \_\_\_\_\_  
 Dose: \_\_\_\_\_  
 When: \_\_\_\_\_

Call for ambulance if:  still in red zone after 15 minutes  lips or fingernails are blue

**Consent for self administration (provided school nurse determines that it is safe and appropriate)**

YES  NO

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911 EVEN IF PARENTS OR SCHOOL NURSE CANNOT BE REACHED!**

- Parent signature permits the nurse to administer this medication, communicate with the above named physician relative to the diagnosis and share this information with school staff or Emergency Medical personnel.
- Your signature also gives the nurse permission to delegate EpiPen/Medication administration to trained unlicensed school personnel if a nurse is not immediately available (such as a teacher while on a field trip) .
- Signature also denotes understanding that it is parent responsibility to pick-up medication when it is no longer needed at school and that medication will be destroyed or properly disposed of after its expiration date or on the last day of school year.

**Parent/Guardian's Signature:** \_\_\_\_\_ Date \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_ Date \_\_\_\_\_