**Virginia Asthma Action Plan**

**School Division:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Effective Dates</th>
<th>Health Care Provider</th>
<th>Provider’s Phone</th>
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<tr>
<th>Parent/Guardian</th>
<th>Parent/Guardian Phone</th>
<th>Parent/Guardian Email</th>
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<th>Additional Emergency Contact</th>
<th>Contact Phone</th>
<th>Contact Email</th>
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**Asthma Severity**

- **Intermittent**
- **Persistent:**
  - **Mild**
  - **Moderate**
  - **Severe**

**Asthma Triggers (Things that make your asthma worse)**

- Colds
- Smoke (tobacco, incense)
- Pollen
- Dust
- Animals:
- Pests (rodents, cockroaches)
- Stress/Emotions
- Exercise
- Gastroesophageal reflux
- Season (circle): Fall, Winter, Spring, Summer

**Green Zone: Go! — Take these CONTROL (PREVENTION) Medicines EVERY Day**

- **No control medicines required.**
- **Always rinse mouth after using your daily inhaled medicine.**

**Yellow Zone: Caution! — Continue CONTROL Medicines and ADD RESCUE Medicines**

**Red Zone: DANGER! — Continue CONTROL & RESCUE Medicines and GET HELP!**

**SCHOOL MEDICATION CONSENT AND HEALTH CARE PROVIDER ORDER FOR CHILDREN/YOUTH**

**CHECK ALL THAT APPLY:**

- Student has been instructed in the proper use of all of his/her asthma medications, and in my opinion, CAN CARRY AND SELF-ADMINISTER HIS OR HER INHALER AT SCHOOL.
- Student is to notify his/her designated school health officials after using inhaler at school.
- Student needs supervision or assistance to use his/her inhaler.
- Student should NOT carry his/her inhaler while at school.

**REQUIRED SIGNATURES:**

- **Parent/Guardian**
- **School Nurse/Designee**
- **Other**

**MD/NP/PA SIGNATURE:**

**GOLDEN RULES FOR A BETTER LIFE TODAY:**

- Regular exercise
- Proper nutrition
- Adequate sleep
- Good mental health
- Avoidance of allergens

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**NOTICE:**

- Student should NOT carry his/her inhaler while at school.
- Student should NOT carry his/her inhaler while at school.

**PARENT/GUARDIAN:**

**DATE:**

**SCHOOL NURSE/DESIGNEE:**

**DATE:**

**MD/NP/PA SIGNATURE:**

**DATE:**

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**Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 4/11**

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