

Dear Parents,

According to my health records, your child has asthma. It is my goal to provide your child with the best possible care while at Legend Springs School. In an effort to achieve this goal, I have enclosed a Student Asthma Action Plan (also available on my website). This plan provides me with written documentation from your child's physician as well as an emergency plan to follow in case of an acute attack. It will also provide me with daily management suggestions and triggers to avoid in an effort to

prevent an acute episode. Lastly, Peak Flow measurements can be



Daily Asthma Management Plan

Identify the things which start an asthma episode. Check each that applies to the student.

- | | | |
|---|--|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Respiratory infections |
| <input type="checkbox"/> Chalk dust/ dust | <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Carpets in the room |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Pollens | <input type="checkbox"/> Mold |
| <input type="checkbox"/> Food | <input type="checkbox"/> Other | |

Comments _____

Control of School Environment

List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.

Daily Medication Plan

Name	Dose	Frequency
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2. _____
3. _____

Peak Flow Monitoring

Readings

Green Zone (Student's breathing is good.)

Yellow Zone (Student is having a "flare up")

_____ to _____