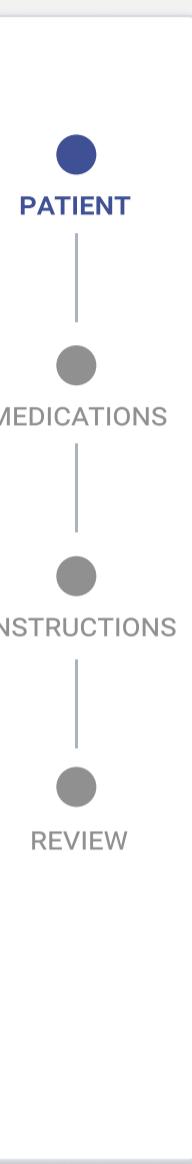


# Asthma Treatment Plan - Student

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## Patient Information

**Name:****Date of Birth** mm  dd  yyyy**Effective Date** mm/dd/yyyy **Doctor****Telephone****Parent/Guardian****Telephone****Emergency Contact****Telephone**

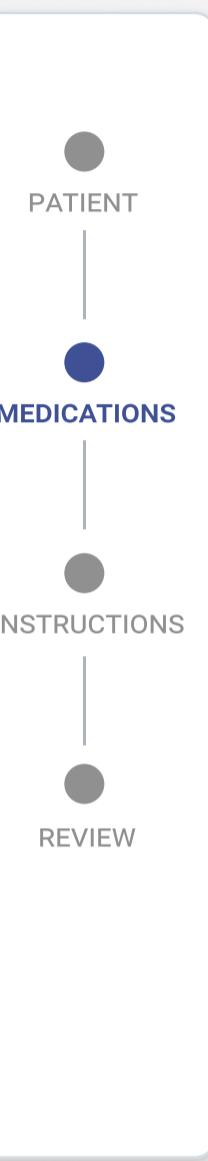
## Medications

Fill out health details below.

**HEALTHY (Green Zone)****CAUTION (Yellow Zone)****EMERGENCY (Red Zone)**

## Medications

Fill out health details below.



### HEALTHY (Green Zone)



Take daily control medicine(s). Some inhalers may be more effective with a "spacer" – use if directed.

-Visual Graphics WIP-

Medicine #1  
**Placeholder**

Amount  
mcg

How Often  
times a day

Medicine #2  
**Placeholder**

Amount  
mcg

How Often  
times a day

Add Medication

### CAUTION (Yellow Zone)



### EMERGENCY (Red Zone)



### TRIGGERS



Instructions

## Instructions

Include additional details if needed.

### Parent Instructions

The **PACNJ Asthma Treatment Plan** is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

1. **Parents/Guardians:** Before taking this form to your Health Care Provider, complete the top left section with:
  - Child's name
  - Child's doctor's name & phone number
  - Parent/Guardian's name & phone number
  - Child's date of birth
  - An Emergency Contact person's name & phone number
2. **Your Health Care Provider will** complete the following areas:
  - The effective date of this plan
  - The medicine information for the Healthy, Caution and Emergency sections
  - Your Health Care Provider will check the box next to the medication and check how much and how often to take it
  - Your Health Care Provider may check "OTHER" and:
    - Write in asthma medications not listed on the form
    - Write in additional medications that will control your asthma
    - Write in generic medications in place of the name brand on the form
  - Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow
3. **Parents/Guardians & Health Care Providers together** will discuss and then complete the following areas:
  - Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
  - Child's asthma triggers on the right side of the form
  - Permission to Self-administer Medication section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form
4. **Parents/Guardians:** After completing the form with your Health Care Provider:
  - Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
  - Keep a copy easily available at home to help manage your child's asthma
  - Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

[edit](#)

