

Name:	Birth Date:	Effective Date:
Doctor:	Phone:	
Parent/Guardian:	Phone:	
Emergency Contact:	Phone:	



Green means Go Zone!
Use controller medicine daily.

Yellow means Caution Zone!
Add quick-relief medicine.

Red means Danger Zone!
Get help from a doctor now.

The colors of a traffic light will help you use your asthma medicines.

Asthma Triggers: _____ My best peak flow is: _____

GO—You're Doing Well! → **Use these controller medications EVERY DAY!**

- You have all of these:**
- Breathing is good
 - No cough or wheeze
 - Sleep through the night
 - Can work and play



Medicine	How much	When to take it

And/or peak flow above: _____
For asthma with exercise, take: _____

CAUTION—Slow Down! → **Continue with green zone medicine and ADD:**

- You have any of these:**
- First sign of a cold
 - Coughing
 - Wheezing
 - Chest tightness
 - Shortness of breath
 - Waking at night due to coughing or wheezing
 - Contact with known trigger



Medicine	How much	When to take it

And/or peak flow from _____ to _____
If you still have symptoms after 1 hour of above treatment
Take: _____
Then call your doctor.

DANGER—Get Help Now! → **Take the 3 medicines and call your doctor NOW!**

- Your asthma is getting worse fast:**
- Medicine is not helping within 15–20 minutes
 - Very short of breath
 - Skin sucked in around neck and ribs
 - Lips and/or fingernails are grey or blue
 - Trouble walking and talking
 - Less alert, drowsy



Emergency Medicine	How much	When to take it

And/or peak flow below: _____
GET HELP FROM YOUR DOCTOR—NOW!
If you cannot contact your doctor, go directly to the emergency room or call 911—DO NOT WAIT!
Make an appointment with your doctor within 2 days of ER visit.

Doctor/NP/PA Signature: _____ Date: _____
I give permission to the school nurse, my child's doctor/NP/PA or _____
to share information about my child's asthma. This child is capable to self-administer the above medications Yes ___ No ___
Parent/Guardian Signature: _____ Date: _____