Asthma Action Plan

The City of Eden Prairie's Parks and Recreation intends to use the requested information to provide for your child's health and safety while at programming. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health plan for your child. The information you provide will be shared only with staff in the program whose jobs require access to this information to ensure your child's safety.

PARTICIPANT

FIRST NAME:	**LAST NAME:**
BIRTH DATE:	◯ **Male** ◯ **Female**
HOME PHONE:	**CELL #:**

Triggers: (check all that apply)

☐ Cold Air	☐ Exercise	☐ Fatigue	☐ Other: (list below)
☐ Emotions/Stress	☐ Illness	☐ Cigarette or other smoke	

List location of Rescue Inhaler*:

List other Asthma information:

ASTHMA SIGNS AND ACTION PLAN

	Signs:	Action Plan:
Green Zone Normal Breathing	• Breathing easily • Can play, work and sleep without asthma symptoms • No action needed	• No action needed
Yellow Zone Early Warning	• Trouble breathing • Wheezing • Tight cough • Difficulty exhaling • Feeling tightness • Anxious	• Remain calm (reassure and stay with participant) • Have participant self administer rescue inhaler* if has available. • If no rescue inhaler available, administer medication* as ordered • Encourage abdominal breathing and offer room temperature water *If no relief of symptoms in 5-10 minutes, **call 911**
Red Zone Severe Symptoms/ Emergency	• Chest and neck pulled in when breathing • Trouble walking and talking • Lips or fingernails blue or gray • Increased anxiety and confusion • Loss of consciousness	• Administer emergency medication* as ordered (Preferably Nebulizer) • Call 911 • Notify parent/guardian

* Please complete separate Medication form

Physician Signature: **Date:**
Only necessary if medication or treatment needed at program

Form Completed by:

Relationship to Participant:

Date: **Phone:**

The Data Practices Act requires that we inform you or your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. This information can be shared with the Eden Prairie 's Parks and Recreation staff. You can withhold this data, but you may not receive updated program information and/or accommodations. Your signature on this form indicates you understand these rights.

Signature of legal guardian REQUIRED

SIGNATURE: _____ **DATE:** _____

RETURN TO:
City of Eden Prairie
Attn: Parks and Recreation
8080 Mitchell Road
Eden Prairie, MN 55344
952-949-8480 | fax
Parks@edenprairie.org