

HENRY STREET SETTLEMENT AFTER-SCHOOL PROGRAM at PS. 134

After-School Registration Information for School Year 2017-2018

Henry Street Settlement will be offering 200 free slots in the PS 134 afterschool program for the 2017-2018 school year. These free slots are being offered on a first-come, first-served basis, with on-going registration throughout the summer and into September.

- •This upcoming year the program will be operating for 36 weeks, including 13 school holidays. The program will run from September 11th through June 22nd.
- Applications are available here on-line, and in the main office at PS 134 with the Parent Coordinator, Miriam Petrovitch. Please complete the attached Application, and submit it to the Henry Street Settlement After- School Office at PS 134 or at 301 Henry Street.
- A Complete Registration Packet includes:
 - -A Completed Application,
 - -A Current Physical, recorded on DOE/DOH Medical Form with current Immunization Records,
 - -A complete Asthma Action Plan, if necessary,
 - -A copy of Insurance Card,
 - -A copy of child's most current IEP, if applicable.
- To assure that your child is provided with the best care possible during the after-school hours, please provide any information regarding **any other concerns** that may need to be addressed.

Once all 200 allotted slots have been filled, any remaining applicants will be placed on our waiting list.

FREE PROGRAM



After-School at P.S. 134

Application: School Year 2017-2018

PARTICIPANT BACKGROUND

PROGRAM INFORAMTION.

The Henry Street Settlement After-School Department is thrilled to operate an after-school program for 200 Students at P.S.134 Henry Street for the 2017-18 School Year. Henry Street's After-School team has over 100 years of collective experience providing outstanding after-school services. HSS offers an array of quality-driven educational, enrichment and recreational activities, and also strives to enhance academic success through parent programs and referrals to other supportive services. We reinforce family relationships and the social values of self-confidence, self-expression, positive peer relationships, responsible behavior and a social commitment to contribute to one's community.

This upcoming year we will be operating program for 36 weeks including 13 School Holidays. Program will begin September 11, 2017 – June 22, 2018.



Primary Parent / Guardian of Participant:	Secondary Parent/ Guardian of Participant
Phone number:	Phone number (2): Email Address:
Date	Program 2017-18 Year
Last Name	First Name
Home Address	Apartment Number
City	State
Zip Code	Borough
Home Phone	
Email	
Gender ☐ Female ☐ Male ☐ No Response	
Date of Birth	
Ethnicity ☐ Hispanic/Latino ☐ Not Hispanic/Lat ☐ No Response	tino
Race ☐ American Indian or Alaskan Native ☐ Native Hawaiian/Pacific Islander	□ Asian □ Black/African American □ White □ Other □ No Response
Country of Origin	Primary Language
English ☐ Yes ☐ No Proficient	Additional Language(s)
Student Interested in half-day programming?	Yes or no: ☐ Yes ☐ No
	Student ID / OSIS #
School Name	School Address
Teacher/ Advisor	Current Grade Level
	The state of the s

Section 1. Participant Background (continued)

<u>‡7Hed©ne≪</u>				
u.C	The participant lives in housing that i	I DI NYCHA housing		
atic	OR The participant			
orm	Is or has the participant ever been in	□ Yes □ No		
household information	Has the participant been enrolled in Children's Services (ACS)?	□Yes □No		
nseho	Is the participant or any member of t Medicaid, Child Health Plus, Family H	lealth Plus, or priv	vate health insurance?	□Yes □No
nd ho	If you answered no to the previous q someone for assistance with health i	uestion, would yonsurance?	ou like to be contacted by	□ Yes □ No
y al	Number of individuals in your housel	nold:		The state of the s
family and	* Is the participant or any member o	f your household	receiving public assistance?	☐ Yes ☐ No
other	* Is the participant or any member of	your household	receiving food stamps?	□Yes □No
)	* Gross Yearly Household Income:			, \$
ACCOR MANAGE	The participant lives in a household	☐ Self, Single,	☐ Single Female Parent	☐ Two Parents
Belevalivilla	that is headed by:	no children	☐ Single Male Parent	☐ Two Adults, no children
of the same of the	* Sources of household income:	Periodic and a second	_	
T.	☐ Employment	□ TANF □ SSI	☐ Social Security ☐ General Assistance	☐ Unemployment Insurance☐ Other
	Dension DARTICIPANT S	AFETY	ease place parent info in the	
	DARTICIPANT'S TERGENCY CONTACTS. If there is a	SAFETYPI ar	lease place parent info in the oplicable. ase contact the following individuals	emergency contact boxes if
2 EIV	DARTICIPANT'S TERGENCY CONTACTS. If there is a	SAFETYPI ar	ease place parent info in the	emergency contact boxes if
	PARTICIPANT S IERGENCY CONTACTS. If there is a	AFETYPE ag n emergency, ple	Lease place parent info in the oplicable. ase contact the following individual Relationship to Participant:	emergency contact boxes if
NAI Pick	PARTICIPANT S SERGENCY CONTACTS. If there is a	AFETYPE ag n emergency, ple	Lease place parent info in the oplicable. ase contact the following individual Relationship to Participant: Write down all number number to call in case	emergency contact boxes if tals:
NAI Pick Add	PARTICIPANT'S IERGENCY CONTACTS. If there is a ME Up	AFETYPE ag n emergency, ple	Relationship to Participant: Write down all number to call in case Home	emergency contact boxes if als: ers and circle the best e of an emergency:
NAI Pick Add	PARTICIPANT S TERGENCY CONTACTS. If there is a ME This person may pick up my Iress	AFETYPE ag n emergency, ple	Relationship to Participant: Write down all numb number to call in case Home Contact Cell	emergency contact boxes if tals:
Pick Add Apa City	PARTICIPANT S ME Up	AFETYPE ag n emergency, ple	Lease place parent info in the oplicable. ase contact the following individuals: Relationship to Participant: Write down all number to call in case of the contact of th	emergency contact boxes if uals: ers and circle the best e of an emergency:
Pick Add Apa City	IERGENCY CONTACTS. If there is a ME Up	AFETYPE ag n emergency, ple	Lease place parent info in the oplicable. ase contact the following individuals: Relationship to Participant: Write down all number to call in case of the contact of th	emergency contact boxes if lals: ers and circle the best e of an emergency:
Pick Add Apa City	PARTICIPANT'S IERGENCY CONTACTS. If there is a ME Up	AFETYPE ag n emergency, ple	Lease place parent info in the oplicable. ase contact the following individuals: Relationship to Participant: Write down all number to call in case of the contact of th	emergency contact boxes if lals: ers and circle the best e of an emergency:
NAI Pick Add Apa City Zip	PARTICIPANT'S IERGENCY CONTACTS. If there is a ME SUP	AFETYPI ag n emergency, ple / child.	Relationship to Participant: Write down all number to call in case Contact Home Contact Cell Work Email Relationship to Participant:	emergency contact boxes if lals: ers and circle the best e of an emergency:
NAM Pick Add Apa City Zip (IERGENCY CONTACTS. If there is a ME Up	AFETYPI ag n emergency, ple / child.	Lease place parent info in the oplicable. ase contact the following individual replicable. Relationship to Participant: Write down all number number to call in case home Contact Cell Work Email Relationship to Participant: Write down all number number to call in case	emergency contact boxes if uals: ers and circle the best e of an emergency: ers and circle the best e of an emergency:
NAI Pick Add Apa City Zip NAI Pick Add	IERGENCY CONTACTS. If there is a ME Up	AFETYPI ag n emergency, ple / child.	Lease place parent info in the oplicable. ase contact the following individual Relationship to Participant: Write down all number to call in case	emergency contact boxes if uals: ers and circle the best e of an emergency: ers and circle the best e of an emergency;
NAI Pick Add Apa City Zip NAI Pick Add Add	IERGENCY CONTACTS. If there is a ME Up	AFETYPI ag n emergency, ple / child.	Lease place parent info in the oplicable. ase contact the following individual Relationship to Participant: Write down all number to call in case	emergency contact boxes if als: ers and circle the best e of an emergency: ers and circle the best e of an emergency:



PARTICIPANT SAFETY

Section 2. Participant Safety (continued)

ARTICIPANT HEALTH ease check any of the follon ay not limit enrollment in	owing that pertain to the participant. I	tach a copy of recent/va Many needs or health challenges o	
Allergies to food	☐ Behavioral/Emotional Issues	□ Diabetes	☐ Obesity
Allergies to medications	□ Convulsions/Seizures	□ Medication	☐ Physical Disabilities
Asthma*	☐ Congestive Illness (e.g., heart murmur/disease, blood pressure)	☐ Corrective Devices (e.g., crutches, hearing aid, eye glasses)	☐ Pregnancy
ou have checked any of t luding activities that the	he above OR there are other importar participant MAY NOT do, please provid	nt health needs that may affect pa de details:	rticipation in the program,
Please attach updated	d Asthma Action Plan. (Can be	obtained by Child's Primar	y Care Provider.)
PICK UP/DISMISSAL I My child MAY NO	INFORMATION. OT be picked up by:		
The following individu	als are authorized to pick up my chil	Relationship	
	n alan anama na la nyayanyan, ya gayanya, iza waka kili kila da kila da kila da kuma anamanijiyanya ya gayayanya (2018-2018) kila da kila da kila da kuma anamanijiyanya ya gayayanya (2018-2018) kila da kila da kila da kuma anamanijiyanya ya gayayanya (2018-2018) kila da kila da kila da kuma anamanijiyanya ya gayayanya (2018-2018) kila da kila da kila da kila da kuma anamanijiyanya ya gayayanya (2018-2018) kila da kila da kila da kila da kuma anamanijiyanya ya gayayanya (2018-2018) kila da kila	to Participant	1991 FARTIS CIA Diek und 1520 A. Marwelland. Di Landen, belfold den man segues per ausgegegen zu gegen.
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Email Address:	The flat control of the Child Sulface Western Mark Management Constitution Control of the Children Constitution Control of the Children Control of the		NASACIA. Streets. Almed 17 milliold benow recommendative in a general way recommensuscess.
NAME		Relationship to Participant	
Write dow	vn all phone numbers and circle the be	est number to call in case of an em	ergency:
WING GOV			
		C Cell	P. (Black and St. Co.
Phone			

Place parent information above only if it was not already placed in emergency contact info.

PARTICIPANTINTERESTS.			
Interests/Activities	Likes/Strengths	P Dislikes/Challenges	
Reading "			
Math "		***************************************	
Media (digital art, photography, videography)	***************************************		
Writing(poetry, short fiction, journaling)			
Art (painting, drawing, sculpturing)		***************************************	
Performance (music, dance, drama)		***************************************	
Science Technology Engineering Math/STEM			
Sports (team, individual)			
Video Games "	449)44944444444444444444444444444444444		
Board Games "	***************************************	***************************************	
Cooking & Nutrition			
Cardonina	•		
How we can be helpful to you/your child? Are there helpful to you/your child? Does your child have an Individualized Education Pla Please use the space below or on the back of the pa	nn and/or Special Needs?	□ Yes □ No	
OTHER SERVICES. *Please check any other DYCD services you or your f	amily might he interested	d in learning more about?	
	ing Assistance	Δ SeniorService	AC
,	grantServices	△SummerYout	
· · · · · · · · · · · · · · · · · · ·	QSupportServices	Δ YoungAdult1i	• •
	way/Homeless Youth	△Workshops/Fa	•
SIGNATURES. To the best of my knowledge the information above falsification may be grounds for termination of service to improve City services or to access additional fundamental fundam	vice. Information provide		
I have completed this application for my child. Parent/Guardian:			
(Print)	(Sign)	(Date)	
I have completed this application for myself. Applicant: (18 and older) N/A	hT / 7h	NT / 73	
	N/A	N/A	
(Print)	(Sign)	(Date)	
Organization. Henry Street Settlement			
Organization.			
Intake Specialist/Staff:	Dat	e:	



HENRY STREET SETTLEMENT Division of Youth Services 301 Henry Street New York, NY 10002 (P) 212-254-3100 (F) 212-777-1445

Henry Street Settlement After-School and Camp Services Additional Pick-up/Emergency Contacts List (not required)

Participants Name:	Date of Birth:		
Name:	Relationship:		
Phone Number: () -	Type: ☐ Home ☐ Work ☐ Cellphone ☐ Other		
Phone Number: () -	Type: □ Home □ Work □ Cellphone □ Other		
Is this person an Emergency Contact: \square YES \square NO	Is this person authorized to pick up: ☐ YES ☐ NO		
Email Address:			
Language Spoken: 🗆 English 🗆 Spanish 🗆 Mandarin	□ Cantonese □ Other - Please Specify:		
Name:	Relationship:		
Phone Number: () -	Type: ☐ Home ☐ Work ☐ Cellphone ☐ Other		
Phone Number: () -	Type: ☐ Home ☐ Work ☐ Cellphone ☐ Other		
Is this person an Emergency Contact: ☐ YES ☐ NO	Is this person authorized to pick up: ☐ YES ☐ NO		
Email Address:			
Language Spoken: □ English □ Spanish □ Mandarin	□ Cantonese □ Other - Please Specify:		
Name:	Relationship:		
Phone Number: () -	Type: ☐ Home ☐ Work ☐ Cellphone ☐ Other		
Phone Number: () -	Type: ☐ Home ☐ Work ☐ Cellphone ☐ Other		
Is this person an Emergency Contact: ☐ YES ☐ NO	Is this person authorized to pick up: \Box YES \Box NO		
Email Address:			
Language Spoken: 🗆 English 🗆 Spanish 🗆 Mandarin 🗆 Cantonese 🗆 Other - Please Specify:			
CHILD MAY NOT BE PICKED UP BY	RELATIONSHIP OF THE PERSON NOT ALLOWED		



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Walking Permission

I give my permission for Henry Street S After-School / Summer Day Camp activ Arts Center, events at other public place Street, PS110, PS134, PS20, and BGR- receive a permission slip specific to that	vities. This includes, but is not li es, after- school programs-Manh - etc. I understand that for any fi	mited to: neig attan Charter	ghborhood parks, Abrons School I & II. 301 Henry
(Check One)YesNo			
Educational Evaluation Permission	Parent/ Legal Guardian Sign	ature	Date
I give consent for staff from Henry Street progress, including information about gr	et Settlement to contact my child rades, citywide and state test sco	l's school and res, attendand	obtain records showing their be, and behavior.
(Check One)YesNo			 :
Life Skills/ Therapeutic Services Perm Occasionally Henry Street is fortunate to sessions, counseling sessions or group "participate in these sessions.	have Social Work interns to as	sist children t	Date hrough individual crisis management nereby give my child permission to
"Life Skills" is a series of group session Work intern. The curriculum is designed conflicts and learn how to resist pressure students are strongly encouraged to parti	l to help your child build person; es to engage in risky behaviors.	al strengths ar	nd self- esteem, work through
Your child may be a member of a group may address the following topic	of 8-10 girls or boys that may m	neet on a wee	kly basis. The sessions
Media Messages Conflict Resolution Peer Pressure & Refusal			trition Avoiding Risky Behavior Establishing a Positive Mindset
In the event that your child is selected for the right to review all of the materials us permission at any time.	or "Life Skills" you will be remi sed in the "Life Skills" curriculu	nded again th m and that I l	rough a letter and you have have the right to revoke this
My child has my permission to p	participate. YES	NO	(circle one)
Parent/Guardian signature		Date	
Photo/Video/Interview Permission I understand that this after-school/camp prepresentatives, newspaper and television special events to record them. In some case These photographs, videos, and interviews for my child to be photographed or otherwork such photographs to be displayed by Henry now or hereafter known or developed. [Check One] Yes No	reporters, photographers, and pures they may interview and/or phes will only be used to promote the vise recorded during after-school y Street Settlement in any media	oth in-school blic-relations otograph chil is after-school camp events	and away from school. Media spersonnel may be present at these dren who participate in these events. ol/camp program. I give permission and activities, and for any and all
P	Parent/Guardian signature		Date
		Program I	Enrollment Packet I page 7





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Henry Street Settlement After-School and Camp Services Code of Conduct and Homework Agreement

As a member of the Henry Street Settlement After-School Programs, I pledge that I will:

- 1. Follow the rules as stated in the handbook; as well as the rules set by program staff.
- 2. Be prepared each day with my homework, pencils, notebooks and at least 1 book to read.
- 3. Respect the rights and property of other students.
- 4. Resolve conflicts peacefully without fighting or name-calling.
- 5. Be respectful and courteous to all staff, parents and children of the program.
- 6. Take proper care of all spaces we utilize, the contents of the room, and all property belonging to the Henry Street Settlement.
- 7. Enjoy and appreciate the opportunity to be part of this program and to have fun and learn.

Participant Signature:	Date:
As a Parent/Guardian of a child in after-school, I agree to:	
 Check my child's homework with him/her to make sure it is cor Support my child with unfinished or difficult homework that m Talk with the program staff about homework or other related is Be on time every day to receive my child at dismissal time or de 	ay not have been completed. ssues if necessary.
Parent/Guardian Signature:	Date:
The After-School program staff agrees to:	
1. Provide a safe, nurturing and comfortable are to grow and deve	elop.
Guide and assist student with their homework and in their active grow and mature	
3. Communicate successes as well concerns about behavior and h	omework to families.
4. Engage the students in fun, creative activities that will have a po	ositive impact on them.
Staff Signature:	Date:



Student Consent to Participate in the Evaluation of the 21st Century Community Learning Center After-School or Summer Program

Dear Student,
Your name is, and you are enrolled in the after school/GED program at In order to monitor the effectiveness of the after school program and ensure its future success, ExpandED Schools, Inc. is conducting an ongoing evaluation. It is the intention of the evaluation to learn how these services help students and how they can be improved in order to meet the grant requirements.
Specifically we ask permission from students/parents to:
 Contact schools you are currently or were previously enrolled in and the DOE to obtain identifiable records, including information about enrollment, grades, citywide and statewide test scores, and attendance. Survey teachers and afterschool staff about your progress and participation in the afterschool program, and review program records on participation in the afterschool program. Survey and/or interview parents and students about the afterschool program and its effects.
Any information we collect will be used only to assess the afterschool program and will not be made public. Participating in the evaluation will not affect you in school, in the afterschool program, or in any other way. We will not use your name in any report. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.
Please select one of the options below and return this form to the program coordinator/director.
 YES, I GIVE PERMISSION TO PARTICIPATE. I have read the above information and I give permission to participate in the evaluation of the afterschool program. I also consent for ExpandED Schools to obtain my records and to interview program and school staff for evaluation purposes. NO, I DO NOT WANT TO PARTICIPATE. I have read the above information and I DO NOT give permission to participate in the evaluation of the after-school program.
Child's Name (Please Print First and Last) Date
Student's Signature Date

If you have any questions about the evaluation, contact the afterschool site coordinator.

CHILD & ADOLESCENT HI NYC DEPARTMENT OF HEALTH & MENTAL HYGIEI	EALTH EXAMII NE — DEPARTMENT D	NATION F FEDUCATION	ORM Pleas Print Clear Press Han		NUMBER OSIS	der versuieres predientes l'esten gine le
TO BE COMPLETED BY PARENT	OR GUARDIAN		armony dynamical surjety agreemen			
Child's Last Name	First Name		Middle Name		Sex Female Date	
Child's Address		Н	Ispanic/Latino? Race (ch ☐ Yes ☐ No ☐ N	eck ALL that apply)	☐ Male ☐ ☐ American Indian ☐ Asia Islander ☐ Other	// in ☐ Black ☐ White
City/Borough	State Zip Code	School/Center/Car		auve Hawallalvracillo	District Ph	one Numbers
Health Insurance ☐ Yes ☐ Parent/Guardian Last (including Medicaid)? ☐ No ☐ Foster Parent	Name	1	First Name		Number Hor	ne
					War	riv .
TO BE COMPLETED BY HEALTH	CARE PROVIDER	≋ <i>If⊫</i> yes# t	o any item, plea	se explain (a	ttach addendur	n; if needed) 🔆
Birth history (age 0-6 yrs)	Does the child/adoleso	ent have a past or	present medical history of	the following?		And the second second second second second second
☐ Uncomplicated ☐ Premature: weeks gestat ☐ Complicated by	u persistent, theta ali ti	urem medicabon(s):	ma Action Plan): Intermiti	j Other controller 🔲	nt 🗀 Moderate Persistent] Quick relief med 🗀 Oral	☐ Severe Persistent steroid ☐ None
Allergies 🗀 None 🗀 Epi pen prescribed	☐ Attention Deficit Hype ☐ Chronic or recurrent	otitis media	 □ Orthopedic Injury/disa □ Selzure disorder 	ibility		f in-school medication needed
☐ Drugs (list)	☐ Congenital or acquire ☐ Developmental/learni	d heart disorder ng problem	□ Speech, hearing, or v □ Tuberculosis (latent Int	isual impairment	□ None □ Yes (#	st below)
□ Foods (list)	☐ Diabetes (attach MAF)	Francis	Other (specify)		P	
Other (fist)		Franklik et a			Dietary Restrictions ☐ None ☐ Yes (1)	st below)
PHYSICAL EXAMINATION	General Appe		ed items above or on adde	ndum		
Heightem (_	%ile) Ni Abni		Ni Abni	NI Abni		
Weightkg (_	%ile)	,	h nodes 🔲 🗆 Abdon	nen 🗆 🗆 s	,,	chosocial Development
	%ile) 🖂 🖂 Necl	tal □□□ Lungs k □□□ Cardio	s 🔲 🖂 Genito evascular 🖂 🖂 Extren		leurological 🔲 🗀 Lar lack/spine 🖾 🖂 Bet	
Head Circumference (age ≤2 yrs) om (_	%lie) Describe abno	rmalities:	<u>.</u>		activopitie 1	iayigi di
Blood Pressure (age ≥3 yrs) //	<u></u> _					
DEVELOPMENTAL (age 0-6 yrs)	SCREENING TESTS	Date Done	Results		Data Dona	Results
If delay suspected, specify below	Blood Lead Level (BLL)		µg/dL	Tuberculosis Or	nly required for students entering in	nlermediate/middle/funior or hinh s
☐ Cognitive (e.g., play skills)	(required at age 1 yr and 2 yrs and for those at risk)	//_	μg/dL	1		nlermediate/middle/junior or high so y NYC public or private school
Communication/Language	Lead Risk Assessment (annually, age 6 mo-6 yrs)	//	☐ At risk (do BLL)	PPD/Mantoux place PPD/Mantoux read	· · · · · · · · · · · · · · · · · · ·	J
□ Social/Emotional	Hearing Dure tone audiometry		□ Normal	Interferon Test	//	_ □ Neg □ Pos
Adaptive/Self-Help		///	Abnormal .	Chest x-ray (if PPD or Interferon pos	sitive)	□ Ni □ Not □ Abnl Indicated
	Kemoglabin or	Head Start Only	y g/dL	Vislon		Acuity <i>Right</i> /
	Hematocrit (age 9–12 mo)	//	%	(required for new school e and children age 4–7 yrs)	entrants// with glasses	_ Left /
MMUNIZATIONS DATES CIR Number of Child			Influénza			Strabismus 🗆 No 🗀 \
Hep B		/	MMR			
INOTAVIUS AUGUSTA INTERPORT	/		Varicella: Transcription Trans		7.	
		/	Tdap: *** / *** / ***		PAETERY BE	
PCV/	//		Meningococcal HPV			
Police of the second of the se			Other, specify:			
ECOMMENDATIONS	et	A	ASSESSMENT Well C	hild (V20.2) 🔲 Di	agnoses/Problems (list)	ICD-9 Code
Restrictions (specify) low-up Needed No Yes, for						
eferral(s):						
Other Special	ronescon 🗀 neutat 🗀 /	vision				
ealth Care Provider Signature			Date	ווימת	MH PROVIDER 2	The state of the s
aith Care Provider Name and Degree (print)		Provider License	1	/ ON!		int : NAE Prior Yearis
cility Name		National Provider		Comm		TIME FUOL TRANS
drass	City		State Zip	Date		I.O. NUMBER
ephone	Fax			Review	ed	PROPERTY OF A STATE OF THE STAT
('(_)		REVIEW	VER - PROPERTY OF STATE OF STA	WEELEN WARREN

Asthma Action Plan

Name	Date	Ti	ne Colors of a traffic light will help you use our asthma medicines.
Doctor	Medical Record#		reen means Go Zone! se preventive medicine.
Doctor's Office Phone #: Day	Night/Weekend	Ye	ollow Means Caution Zonel
Emergency Contact			dd quick-relief medicine. ed means Danger Zone!
Doctor's Signature		G	et help from a doctor.
		Pe	ersonal Best Peak Flow
* GO	Use these daily p	reventive anti-inflamm	atory medicines:
You have <u>all</u> of these: • Breathing is good	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
No cough or wheeze Sleep through the night			
Can work and play			
Peakflowfromto			
	For asthma with exerc	se, take:	
CAUTION	Continue with g	reen zone medicine an	dadd:
You have <u>any</u> of these: • First signs of a cold	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
 Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night 			TION OF PERMILER
• nght onest • Coughing at right			
Peakflowfrom			
to	CALL YOUR PRIMARY O	ARE PROVIDER.	
DANCED	Tata Managara	r e e e e e e e e e e e e e e e e e e e	
DANGER		ines and call your doct	ornow.
Your asthma is getting worse fast: Medicine is not helping Breathing is hard and fast	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
Nose opens wide Ribs show Can't talk well			

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.