

Asthma Care Plan

Childs Name: _____
Facility Name: _____

Grade: _____ Div: _____

Facility Address: _____

Child's Full Name: _____

Date of Birth: _____

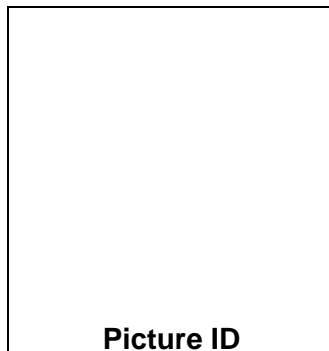
Parent/Guardian: _____

Phone (home/cell): _____ Phone (work): _____

Emergency Contact: _____

Phone (home): _____ Phone (work): _____

Health Care Provider: _____ Office Phone: _____



• **GIVE** _____
(name of medication)

• **Follow Instructions:**

• **If unsure, child is worse, or not getting better CALL 911**

• **CALL PARENTS**

It is the parent's responsibility to notify the facility of any change in the child's condition.

Sign below if you agree with above Information & Plan:

Health Care Provider (ie. Dr/Specialist/NP) Date

Parent/Guardian Date

Childcare Supervisor/School Personnel Date

CHILD'S ASTHMA TRIGGERS ARE:

- | | | | | | | |
|--|---|--------------------------------------|---|--------------------------------|--|---------------------------------|
| <input type="checkbox"/> change in temperature | <input type="checkbox"/> colds, infection | <input type="checkbox"/> dust, mites | <input type="checkbox"/> emotion (e.g. upset) | <input type="checkbox"/> mould | <input type="checkbox"/> physical activity | <input type="checkbox"/> pollen |
| <input type="checkbox"/> animals | (list): _____ | | | | | |
| <input type="checkbox"/> foods | (list): _____ | | | | | |
| <input type="checkbox"/> strong smells | (list): _____ | | | | | |
| <input type="checkbox"/> Other: | _____ | | | | | |

CHILD'S ASTHMA SYMPTOMS ARE USUALLY:

- | | |
|---|--|
| <input type="checkbox"/> appears anxious | <input type="checkbox"/> short of breath |
| <input type="checkbox"/> coughing | <input type="checkbox"/> wheezing |
| <input type="checkbox"/> difficulty talking | <input type="checkbox"/> in-drawing/tracheal tug |
| <input type="checkbox"/> fast/shallow breathing | <input type="checkbox"/> other (list below): |
| <input type="checkbox"/> pale | <input type="checkbox"/> |
| <input type="checkbox"/> hunched over | <input type="checkbox"/> |

CHILD'S EMERGENCY TREATMENT:

- Medication is stored:
- Medication expiry date:
- Names of staff oriented to plan:
- Emergency plan review date (to do yearly):
- Field Trip Plans: