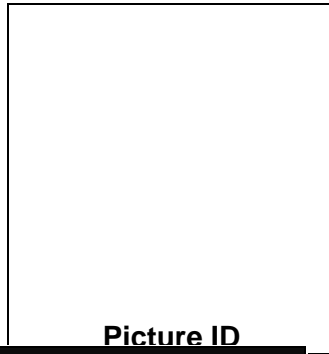


Asthma Emergency Action Plan for _____ year

Child's Name: _____ **Age:** _____
Centre Name: _____ **Centre 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: _____



Picture ID

• **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:

 Parent/Guardian Date

 Child Care Staff Date

CHILD'S ASTHMA TRIGGERS ARE:

- change in temperature
- colds, infection
- dust, mites
- emotion (e.g. upset)
- mould
- physical activity
- pollen
- animals (list): _____
- foods (list): _____
- strong smells (list): _____
- Other: _____

CHILD'S ASTHMA SYMPTOMS ARE USUALLY:

- appears anxious
- coughing
- difficulty talking
- fast/shallow breathing
- pale
- hunched over
- short of breath
- wheezing
- in-drawing/tracheal tug
- other (list below): _____
-
-

CHILD'S EMERGENCY TREATMENT:

- Medication is stored: _____
- Medication expiry date: _____
- Field Trip Plans: _____