

# ME AND MY ASTHMA

Instructions to childcare providers: Fill out this form with the parents of each child with asthma.

## MY CHILD'S ASTHMA

Child's Name: \_\_\_\_\_

My child's early warning signs of asthma episode are: *(examples: cough, wheeze)*

\_\_\_\_\_

My child's emergency warning signs of asthma episode are: *(examples: trouble walking, talking)*

\_\_\_\_\_

My child's asthma triggers are: *(examples: dogs, dust, colds)*

\_\_\_\_\_

You can help my child feel better by: *(sitting me down, rubbing my back)*

\_\_\_\_\_



If my child's asthma episode gets worse please do the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## EMERGENCY CONTACTS

Family member: \_\_\_\_\_

Phone: \_\_\_\_\_ Wk: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

The nearest emergency room is: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## MY CHILD'S MEDICATIONS

Name of Medicine	When to take it	Device used	Medication Expiration



### IMPORTANT!

- Have parents demonstrate how to use medications and devices
- Follow instructions in self study module on how to use devices
- Obtain copy of written prescription (asthma action plan) from parents or doctor