



ASTHMA CARE PLAN

DOES YOUR CHILD HAVE ASTHMA? IF YES, THIS FORM MUST BE SIGNED BY A PHYSICIAN.

Child's Name _____ Date of Birth _____

TYPICAL SIGNS AND SYMPTIONS OF CHILD'S ASTHMA EPISODES (Check all that apply)

- Fatigue
- Flaring Nostrils, Mouth Open, Paining
- Dark Circles Under Eyes
- Gray or Blue Lips, Fingernails
- Persistent Cough
- Difficulty Playing, Eating, Drinking, Talking
- Wheezing
- Restlessness/Agitation
- Red Face/Pale, Swollen
- Grunting
- Sucking in Chest, Neck
- Complains of Chest Pain, Tightness
- Breathing Faster
- Other _____

STEPS TO TAKE DURING AN ASTHMA EPISODE

1. Give medications as listed below.

Name of Medication	Amount	When to Use

Medication Requirements (Check One)

No medication required while attending camp. Physician's initials required _____

Medication required at camp (bring original prescription labeled with camper's name, birth date and expiration).

**Special Instructions _____

2. Observe for decreased symptoms.

3. Contact parent/guardian if emergency medication is required.

4. Call 911 if after treatment, you observe the child:

- Is working hard to breathe, or grunting
- Is breathing fast at rest (>50/min)
- Has trouble walking or talking
- Has nostrils open wider than usual
- Is extremely agitated or sleepy
- Has sucking in of the skin (chest/neck) with breathing
- Won't play
- Has gray or blue lips, finger nails
- Cries more softly and briefly
- Is hunched over to breathe

Physician's Name _____ Date _____

Physician's Signature _____ Phone _____

Physician's Signature _____ Date _____

Camp Director's Signature _____ Date _____