



CHILD CARE ASTHMA/ALLERGY

ACTION CARD



ID
Photo

Name: _____

Grade: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

Phone (H): _____ (W): _____

Parent/Guardian Name: _____

Address: _____

Phone (H): _____ (W): _____

Other Contact Information: _____

Emergency Phone Contact #1 _____

Name _____

Relationship _____ Phone _____

Emergency Phone Contact #2 _____

Name _____

Relationship _____ Phone _____

Physician Child Sees for Asthma/Allergies: _____

Phone: _____

Other Physician: _____

Phone: _____

• **Daily Medication Plan for Asthma/Allergy**

	Name	Amount	When to Use
1			
2			
3			
4			

• **OUTSIDE ACTIVITY AND FIELD TRIPS**

The following medications must accompany child when participating in outside activity and field trips:

	Name	Amount	When to Use
1			
2			
3			

• **Identify the things that start an asthma/allergy episode**

(Check each that applies to the child)

— Animals — Bee/Insect Sting — Chalk Dust — Change in Temperature

— Dust Mites — Exercise — Latex — Molds

— Pollens — Respiratory Infections — Smoke — Strong Odors

— Food: _____

— Other: _____

Comments: _____

• **Peak Flow Monitoring** (for children over 4 years old)

Personal Best Peak Flow reading: _____

Monitoring Times: _____

• **Control of Child Care Environment** (List any environmental control measures, pre-

medications, and/or dietary restrictions that the child needs to prevent an asthma/allergy

episode.) _____

ASTHMA EMERGENCY PLAN

Emergency action is necessary when the child has symptoms such as _____

or has a peak flow reading at or below _____

- **Steps to take during an asthma episode:**
 1. Check peak flow reading (if child uses a peak flow meter).
 2. Give medications as listed below.
 3. Check for decreased symptoms and/or increased peak flow reading.
 4. Allow child to stay at child care setting if: _____
- Contact parent/guardian _____
- Seek emergency medical care if the child has any one of the following: _____

→ No improvement minutes after initial treatment with medication.
 → Peak flow at or below _____.
 → Hard time breathing with:
 > Chest and neck pulled in with breathing.
 > Child hunched over.
 > Child struggling to breathe.
 → Trouble walking or talking.
 → Stops playing and cannot start activity again.
 → Lips or fingernails are gray or blue.

**IF THIS
 HAPPENS, GET
 EMERGENCY
 HELP NOW!**

→ **Mouth/Throat:** itching & swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough
 → **Skin:** hives; itchy rash; swelling
 → **Gut:** nausea; abdominal cramps; vomiting; diarrhea
 → **Lung*:** shortness of breath; coughing; wheezing
 → **Heart:** pulse is hard to detect; "passing out"
 *If child has asthma, asthma symptoms may also need to be treated.

ALLERGY EMERGENCY PLAN

Child is allergic to: _____

- **Steps to take during an allergy episode:**
 1. If the following symptoms occur, give the medications listed below.
 2. Contact Emergency help and request epinephrine.
 3. Contact the child's parent/guardian. _____
- **Symptoms of an allergic reaction include:** _____
 (Physician, please circle those that apply)

• Emergency Asthma Medications:

	Name	Amount	When to Use
1			
2			
3			
4			

• Special Instructions:

• Emergency Allergy Medications:

	Name	Amount	When to Use
1			
2			
3			
4			

• Special Instructions:

Physician's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

Child Care Provider's Signature _____

Date _____