

Thompson Recreation  
**Asthma Individualized Care Plan**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names(s) \_\_\_\_\_

Emergency Phone Numbers Mother \_\_\_\_\_ Father \_\_\_\_\_  
(see emergency contact information if parents are unavailable)

Primary Health Provider's Name \_\_\_\_\_ Phone \_\_\_\_\_

Asthma Specialist's Name (if known) \_\_\_\_\_ Phone \_\_\_\_\_

Known Triggers for this child's asthma (circle all that apply)

Colds	Mold	Animals
House	Dust Weather Changes	Tree Pollens
Excitement	Exercise	Grass/Flowers
Room Deodorizers	Strong Odors	Smoke

Foods: Specify \_\_\_\_\_

Other: Specify \_\_\_\_\_

Activities for which this child has needed special attention in the past (circle all that apply):

Field trip to see animals	Art projects with chalk, glue, fumes
Running hard	Sitting on carpets
Gardening	Pet care
Jumping in leaves	Recent pesticides application in facility
Outdoors on cold or windy days	Painting or renovating in facility
Playing in freshly cut grass	
Kerosene/wood stove heated rooms	

Other: Specify \_\_\_\_\_

Is the child on any medications presently? \_\_\_\_\_

If yes, what are the medications they are given? \_\_\_\_\_

Will the medication ever be needed during Recreation program hours? Yes No

How often has this child needed urgent care from a doctor from an attack of asthma?

In the past 12 months? \_\_\_\_\_ In the past 3 months? \_\_\_\_\_

Typical signs and symptoms of the child's asthma episodes (circle all that apply):

Fatigue	Face red, pale, swollen	ing
Breathing faster	Wheezing	Grunting
Restlessness, agitation	Dark circles under eyes	Sucking in chest/neck
Complaints of chest pain/tightness	Gray or blue tips of fingernails	Persistent coughing
Flaring nostrils, mouth open (panting)	Difficulty playing, eating, drinking, talk-	

Other: Specify \_\_\_\_\_

Reminders:

1. Notify parents immediately if emergency medication is required.

2. Get emergency medical help if"

- a. the child does not improve in 15 minutes after treatment and family cannot be reached
- b. after receiving treatment for wheezing, the child:

*is working hard to breather	* has nostrils open wider than usual
* won't play	*has sucking in of skin (chest or neck) with breathing
* is working hard to breathe or grunting	* has gray or blue fingertips
* is breathing fast at rest (greater than 50/min)	* cries more softly and briefly
* has trouble walking or talking	* is extremely agitated or sleepy

3. Child's doctor & Thompson Recreation should keep a current copy of this form in the child's record.

Signature of Authorized Prescriber \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_