EMERGENCY HEALTH CARE PLAN
FOR ASTHMA ATTACKS

Child's Name: _____Center: _____

Child's Doctor: _____ Telephone Number: _____

Parent's Phone - Mother: _____

Father: _____

Emergency contacts:

1. _____Relationship: _____Phone: _____

2. _____Relationship: _____Phone: _____

3. _____Relationship: _____Phone: _____

List any preventive medicine the child takes: _____

Activities or conditions likely to trigger an asthma attack: _____

These symptoms indicate an asthma attack is occurring:

Coughing - Wheezing - Tight Chest

Actions to take:

1. If any of these symptoms appear, have child rest and give these quick relief medicines: _____
2. Notify Parent or emergency contact of child's asthma attack and response.
3. If no medicine is available and rest does not improve symptoms, or the medicine is not helping or these symptoms appear:

Nose opens wide on breathing
The child can't walk
Ribs show on breathing
Child cannot talk well

Follow these steps:

- Call 911 for help
- Notify the parent or emergency contact, if the parent can't be located
- Stay with the child offering support and first aid as needed while waiting for ambulance personnel.

_____ _____

Parent Signature Date Doctor's Signature Date

Part C: Head Start Staff Acknowledgment: By signing below, I acknowledge my responsibility to ensure the medication for the above-mentioned child is administer as directed in Part A.

Teacher: _____ Family Service Worker: _____

Assistant Teacher: _____ Team Leader: _____