

My Asthma Profile

Please fill out this form to share information with your child's caregiver.

For _____
(Write you child's name here)

I may be having an asthma episode when (describe behaviors such as "I am coughing and can't catch my breath," "I complain that my chest hurts," "I am wheezing").

My asthma can get worse when I'm near (list things that can cause an onset of asthma such as dust, pet dander, cleaners, cold air) _____

You can help me feel better by (List helpful interventions here such as "sitting me down," "helping me stay calm") _____

If my asthma episode gets worse, please do the following:

1 _____

2 _____

3 _____

If you need to call my family or doctor, here are the names and numbers:

Family member(s), relationship and telephone number: _____

Doctor and telephone number: _____

The nearest hospital emergency room, address and phone number: _____

All About My Medications

<u>Name of Medicine</u>	<u>When I Take It</u>	<u>Who Can Give It To Me</u>

I also may take the following over-the-counter medicines: _____

Childcare Provider: Post in the room where the child spends the most time.

This information is taken from "Sesame Street A is for Asthma – Caregivers Guide" by the Prudential Foundation.