CHILD CARE ASTHMA/ALLERGY
ACTION CARD

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**

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**OUTSIDE ACTIVITY AND FIELD TRIPS** The following medications must accompany child when participating in outside activity and field trips:

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**DAILY ASTHMA/ALLERGY MANAGEMENT PLAN**

- **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.) __________________________________________

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# 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: ______________________________
  5. Contact parent/guardian
  6. 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.

- **Emergency Asthma Medications:**

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- **Emergency Allergy Medications:**

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# 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)

- **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.*

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**RETURN FORM TO:** Berkshire Country Day School - PO Box 867 - Lenox, MA 01240