early childhood center



Asthma/Reactive Airway Disease (RAD) Individual Child Care Plan

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you belong at the center. experience it.

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Child's Name:	Date of Birth:
Jilliu 3 Mairie.	Date of Dirtin.

Allergies: Reason for Prescribing:

EMERGENCY PHONE NUMBERS

Parent/Guardian #1:

Name Home # Work # Other

Parent/Guardian #2:

Name Home # Work # Other

(see emergency form for alternate if parents are unavailable)

Primary Health Provider's Name: Emergency Phone:

Asthma Specialist's Name (if any): Emergency Phone:

TO BE COMPLETED BY HEALTHCARE PROVIDER

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

Are there any **activities** for which this child has needed special attention in the past?

ColdsGrassMoldPowder/chalk dustAnimalsExerciseStrong odorsSmokeExcitementTree pollensFlowersFoods:

Weather changes House dust

Poor deciderizers Acres Larraye

Room deodorizers Aerosol sprays Other:

Special considerations: related to his/her asthma while at the program? (Check all that apply and describe briefly.)

Modified physical or outdoor activities

Emotional or behavior concerns

Avoiding Certain Foods/Other

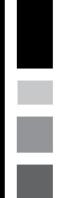
How often has this child needed urgent care from a doctor for an attack in the past six months?

Special physician/parent's orders:

Please complete medication information on back page.



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Name of Medication to be given at ECC:				
When to use, give specific symptoms (i.e. coughing, cold symptoms, wheezing)				
How to use (e.g. by mouth, by inhaler, with or without spacer, in nebulizer, with or without dilution, etc.)				
Amount (dose) of medication				
How soon treatment should start to work				
Expected benefit for the child				
Possible side effects, if any				
 Notify parents immediately if emergency medication is Get emergency medical help if: the child does not improve 15 minutes after treatment if (after treatment) child is working hard to breathe, go has blue/gray lips or fingernails, is extremely agitate The child's doctor and the child care facility should ke 	t and family cannot b runting, refusing to pla or sleeping, has suc	lay, flaring nostrils w cking in of skin (on c	hest or neck) with	
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