

This child has a potentially life-threatening allergy (asthma) to:

Childs Name _____

PHOTO

- Triggers:** Check the appropriate boxes
- | | |
|--|--|
| <input type="checkbox"/> Dust, Dust Mites | <input type="checkbox"/> Animals (cats, dogs, rodents) |
| <input type="checkbox"/> Birds and Feathers (down) | <input type="checkbox"/> Molds and Fungi |
| <input type="checkbox"/> Pollens from trees/plants | <input type="checkbox"/> Food Allergies (preservatives, eggs, chocolate) |
| <input type="checkbox"/> Smoke (wood or cigarette) | <input type="checkbox"/> Air Pollution |
| <input type="checkbox"/> Strong Odours | <input type="checkbox"/> Paint Fumes |
| <input type="checkbox"/> Perfumes or Aerosol Fumes | <input type="checkbox"/> Cleaning Fluids and Sprays |
| <input type="checkbox"/> Colds | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Chest Infection or Bronchitis | <input type="checkbox"/> Weather Changes - seasonal |
| <input type="checkbox"/> Cold Air | <input type="checkbox"/> Vigorous Exercise |
| <input type="checkbox"/> Strong Emotional Expressions | <input type="checkbox"/> Overexertion, Fatigue, Stress |
| <input type="checkbox"/> Aspirin or ASA | |

Medication Name: _____

Dosage: _____ **Expiry Date:** _____

Location of Inhaler: _____

Typical symptoms of an asthma attack include:

- | | |
|--|--|
| <input type="checkbox"/> Suddenly becomes quiet or withdrawn | <input type="checkbox"/> Pale |
| <input type="checkbox"/> Frightened or distressed look on face | <input type="checkbox"/> Shoulders up or hunched |
| <input type="checkbox"/> Indrawing – the hollow in the child’s neck
Will suck in with each breath | <input type="checkbox"/> Wheeze |
| <input type="checkbox"/> Unable to say a complete sentence in one breath | <input type="checkbox"/> Tight, hoarse cough |
| <input type="checkbox"/> Pale/Blue skin or lips | <input type="checkbox"/> Breath rapidly |
| <input type="checkbox"/> Rapid pulse (over 120 bpm) | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Breath rapidly |

Emergency Treatment Procedures are:

- Have the child cease any physical activity.** Do not make the child lie down or be left unattended.
- Ask the child to use their inhaler.**
- Call contact person.**
- If the child struggles for air, or continues to be in distress, call 911.** Tell them someone is having an asthma attack. Ask them to send an ambulance immediately.
- Any other instructions:** _____

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent/guardian hereby authorizes Esquimalt Recreation Centre staff to administer an inhaler to the above named child in the event of an asthma attack as described above.

Parent/Guardian Signature

Date