

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

<p>Childs Name _____</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;"> <p>PHOTO</p> </div>	<p><b>Triggers:</b> Check the appropriate boxes</p> <table border="0"> <tr> <td><input type="checkbox"/> Dust, Dust Mites</td> <td><input type="checkbox"/> Animals (cats, dogs, rodents)</td> </tr> <tr> <td><input type="checkbox"/> Birds and Feathers (down)</td> <td><input type="checkbox"/> Molds and Fungi</td> </tr> <tr> <td><input type="checkbox"/> Pollens from trees/plants</td> <td><input type="checkbox"/> Food Allergies (preservatives, eggs, chocolate)</td> </tr> <tr> <td><input type="checkbox"/> Smoke (wood or cigarette)</td> <td><input type="checkbox"/> Air Pollution</td> </tr> <tr> <td><input type="checkbox"/> Strong Odours</td> <td><input type="checkbox"/> Paint Fumes</td> </tr> <tr> <td><input type="checkbox"/> Perfumes or Aerosol Fumes</td> <td><input type="checkbox"/> Cleaning Fluids and Sprays</td> </tr> <tr> <td><input type="checkbox"/> Colds</td> <td><input type="checkbox"/> Sinusitis</td> </tr> <tr> <td><input type="checkbox"/> Chest Infection or Bronchitis</td> <td><input type="checkbox"/> Weather Changes - seasonal</td> </tr> <tr> <td><input type="checkbox"/> Cold Air</td> <td><input type="checkbox"/> Vigorous Exercise</td> </tr> <tr> <td><input type="checkbox"/> Strong Emotional Expressions</td> <td><input type="checkbox"/> Overexertion, Fatigue, Stress</td> </tr> <tr> <td><input type="checkbox"/> Aspirin or ASA</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b>Medication Name:</b> _____</p> <p><b>Dosage:</b> _____ <b>Expiry Date:</b> _____</p> <p><b>Location of Inhaler:</b> _____</p>	<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	<input type="checkbox"/> Other: _____
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**Typical symptoms of an asthma attack for this child**

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 Suddenly becomes quiet or withdrawn	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

Other: \_\_\_\_\_

**Emergency Treatment Procedures are:**

1. **Have the child cease any physical activity.** Do not make the child lie down or be left unattended.
2. **Ask the child to use their inhaler.**
3. **Call contact person.**
4. **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.
5. **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

Personal information you provide on this form is collected under the authority of the Community Charter and will only be used for the purposes of the Esquimalt Parks & Recreation camp program. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to the Director of Corporate Services, Township of Esquimalt, 1229 Esquimalt Road, Esquimalt, BC V9A 3P1, 250-414-7135 or [corporate.services@esquimalt.ca](mailto:corporate.services@esquimalt.ca).