



Asthma and Allergy
Foundation of America

CHILD CARE ASTHMA/ALLERGY ACTION CARD



DAILY ASTHMA/ALLERGY MANAGEMENT PLAN

ID
Photo

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: _____

Phone: _____
Daily Medication Plan for Asthma/Allergy

	Name	Amount	When to Use
1			
2			
3			
4			

OUTSIDE ACTIVITY AND FIELD TRIPS

The following medications must accompany child when participating in outside activity and field trips:

	Name	Amount	When to Use
1			
2			
3			

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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.

← **IF THIS
HAPPENS, GET
EMERGENCY
HELP NOW!** →

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
- **Lungs*:** 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.

• **Emergency Asthma Medications:**

	Name	Amount	When to Use
1			
2			
3			
4			

• **Special Instructions:**

• **Emergency Allergy Medications:**

	Name	Amount	When to Use
1			
2			
3			
4			

• **Special Instructions:**

Physician's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

Child Care Provider's Signature _____

Date _____