SCRIBBLES PRESCHOOL, INC.

Child's Name: _____

Class: _____ Date: _____

My Asthma Profile

Please fill out this form to share information with your child's teachers.

I may be having an asthma episode when (describe behaviors such as "I am coughing and can't catch by breath," "I complain that my chest hurts," "I am wheezing")

_____

_____

_____

My asthma can get worse when I'm near (list things that can set off the child's asthma, such as dust or cold air)

_____

_____

_____

You can help me feel better by (list helpful interventions here such as "sitting me down," "rubbing my back," "helping me stay calm")

_____

_____

_____

If my episode gets worse, please do the following:

1. _____
2. _____
3. _____

If you need to call my family or my doctor, here are the names and phone numbers.

Family Member: _____ Phone: _____

Doctor: _____ Phone: _____

The nearest emergency room address and phone number:

_____

_____

_____

All About My Medications

Name of Medicine	When I Take It?	Who Can Give It To Me?

I also take the following home remedies: _____

_____

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