

My Asthma Profile

My name is: (child's first and last names)

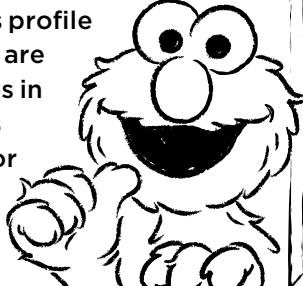
I live at: (address, apartment #, city, state, zip)

I may be having an asthma attack when (describe symptoms, such as "I am coughing and can't catch my breath," "I am wheezing," and so on):

My asthma can get worse when I am near (list triggers for your child's asthma attacks, such as dust, food allergies, cold air, and so on):

You and your child's doctor can work together to fill in this important information.

- * Keep a completed copy of this sheet with you. Hang a copy at home in a place that's easy to see.
- * Give a copy to everyone who takes care of your child.
- * Update this profile when there are any changes in your child's treatment or symptoms.



Control Medications: I take these medicines regularly, even when I don't feel sick or have trouble breathing:

NAME OF MEDICATION	WHEN I TAKE IT	WHO CAN GIVE IT TO ME

Rescue Medications: I take these medicines when I am having an asthma attack or it is hard for me to breathe:

NAME OF MEDICATION	WHEN I TAKE IT	WHO CAN GIVE IT TO ME

When my Rescue Medications are not helping me breathe more easily:

* **Call 911 for an ambulance** to take me to the hospital right away.

* **Call my parents/guardians** (if they are not with me):

* **Call my doctor:**

NAME/S

NAME/S

PHONE

PHONE