

Eton School Asthma/Allergy Action Card

Child's Name _____

Birth Date _____

Parent / Guardian #1

Name _____

Home Phone _____

Alternate Phone(s) _____

Parent / Guardian #2

Name _____

Home Phone _____

Alternate Phone(s) _____

Alternate Emergency Contact #1

Name _____

Relationship _____

Home Phone _____

Alternate Phone(s) _____

Alternate Emergency Contact #2

Name _____

Relationship _____

Home Phone _____

Alternate Phone(s) _____

Physician Child Sees for Asthma/Allergies

Name _____

Phone _____

Other Physician

Name _____

Phone _____

Daily Medication Plan for Asthma / Allergy

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Outside Activities and Field Trips (The following medications must accompany the child when participating in outside activities and field trips.)

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Daily Asthma / Allergy Management Plan

Identify the things that start an asthma / allergy episode (Check all that apply)

- | | | | |
|-------------------------------------|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Bee/Insect Sting | <input type="checkbox"/> Chalk Dust | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Dust Mites | <input type="checkbox"/> Change in Temp. | <input type="checkbox"/> Latex | <input type="checkbox"/> Molds |
| <input type="checkbox"/> Pollens | <input type="checkbox"/> Respiratory Infection | <input type="checkbox"/> Smoke | <input type="checkbox"/> Strong Odors |

Food _____

Other _____

Comments _____

Control of Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent an asthma / allergy episode.)

Asthma Emergency Plan

Emergency action is necessary when the child has symptoms such as

Steps to take during an asthma episode

1. Give the medications as listed below.
2. Check for decreased symptoms.
3. Allow child to stay at school if:
 - No improvement minutes after initial treatment with medication.
 - Hard time breathing with:
 - Chest and neck pulled in with breathing.
 - Child hunched over.
 - Child struggling to breath.
 - Trouble walking or talking.
 - Stops playing and cannot start activity again.
 - Lips or fingernails are gray or blue.
4. Contact the child's parent/guardian.
5. Seek emergency medical care if the child has any one of the following:

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.
3. Contact the child's parent / guardian.

Symptoms of an allergic reaction include:

(Physician/Health Care Provider, please circle those that apply.)

If
⇐This⇒
Happens,
Get
Emergency
Help Now!

- Mouth and Throat: itching and swelling of lips, tongue, mouth, throat, throat tightness, hoarseness, cough.
- Skin: hives, itchy rash, swelling.
- Gut: nausea, abdominal cramps, vomiting, diarrhea.
- Lung*: 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. _____	_____	_____

Emergency Allergy Medications:

Name	Amount	When to Use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Special Instructions:

Physician's/Health Care Provider's Signature Date

Parent/Guardian's Signature Date

Eton School's Staff Signature Date