



EMERGENCY MEDICATION CARE PLAN
ASTHMA

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

Childs Name
PHOTO

Triggers: Check the appropriate boxes
Medication Name:
Dosage:
Expiry Date:
Location of Inhaler:

Typical symptoms of an asthma attack for this child

Suddenly becomes quiet or withdrawn
Shoulders up or hunched
Unable to say a complete sentence in one breathe
Pale/Blue skin or lips
Rapid pulse (over 120 bpm)
Indrawing – the hollow in the child’s neck will suck in with each breath
Frightened or distressed look on face
Wheezing
Rapid breathing
Chest Pain
Tight, hoarse cough
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 table with columns: Name, Relationship, Home Phone, Work Phone, Cell Phone

The undersigned parent/guardian hereby authorizes Ladysmith Parks, Recreation and Culture 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 Parks, Recreation and Culture 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 Manager of Legislative Services, Town of Ladysmith, Box 220, Ladysmith, BC V9G 1A2, 250-245-6400.