

# + [ILHOLY#V UZSYWYT

# HOTH

Our child  
**Has ASTHMA**



Puffer


Other Medical Concerns

Asthma action plan is located

Asthma medicine/s (eg. inhaler, nebulizer, sprays) are located

Other

## OUR EMERGENCY CONTACT INFORMATION

Mom		
Dad		
Other		

## PHYSICIAN EMERGENCY CONTACT INFORMATION

Name

Phone

In case of emergency call	911	Physician	Parents
---------------------------	-----	-----------	---------

Notes

**+ Signs of asthma:**  
**WHEEZING, EXCESSIVE COUGHING, DIFFICULTY BREATHING**



Thank you for your help

