**Asthma Care Plan**

**Child’s Name:**

**Date of Birth:**

This plan is to help us know your child’s triggers, early warning signs and symptoms of an asthma epoxide. It incudes what you should do it the child has an asthma episode while in our care.

**Known Triggers (circle all the apply):**

Colds excitement

Mold weather changes

Exercise animals

Tree pollens smoke

Dust foods:

Strong odors

Grass other:

Flowers

**Activities Triggers (circle all the apply):**

**Outdoors**

Outdoors on cold or windy days

Jumping in leaves

Animals

Running hard

Gardening

Playing in freshly cut grass

Other:

**Indoors**

Heated rooms

Painting or renovations

Art

Projects with chalk, glues

Pet care

Sitting on carpets

Other:

Early Warning Signs

Behavior changes

Rapid breathing

Wheezing, coughing

Stuffy or runny nose

Headaches

Watery eyes, itchy throat or chin

Other:

Additional comments:

Parents Signature:

Director Signature: