







Asthma and Allergy Foundation of America	ACTION CARD ACTION CARD	
Name:	DAILY ASTHMA/ALLERGY MANAGEMENT PLAN	ID Photo
Grade: DOB:	Identify the things that start an asthma/allergy episode	1 1000
Parent/Guardian Name:	(Check each that applies to the child)	
Address:	— Animals — Bec/Insect Sting — Chalk Dust — Change in Temperature	1 Temperature
Phone (H):(W):	— Dust Mites — Exercise — Latex — Molds	
Parent/Guardian Name:	Pollens — Respiratory Infections — Smoke — Strong Odors	dors
Address:	— Food:	
Phone (H):(W):	-Other:	
Other Contact Information:	Comments:	
Emergency Phone Contact #1		
Name	Peak Flow Monitoring (for children over 4 years old)	
Emergency Phone Contact #2	Personal Best Peak Flow reading:	
Name	Monitoring Times:	
Relationship		
Physician Child Sees for Asthma/Allergies:	 Control of Child Care Environment (List any environmental control measures, pre 	neasures, pre-
Phone:	medications, and/or dictary restrictions that the child needs to prevent an asthma/allerg	asthma/allcrg
Other Physician:	episode.)	
Phone:		
 Daily Medication Plan for Asthma/Allergy Name 	Amount When to I to	
	THE TOTAL TO CO.	
2		
C. C		
4		
OUTSIDE ACTIVITY AND FIELD TRIPS The following	apany child when participating in outside activity and	
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Emergency action is necessary when the child has symptoms such as	ASTHMA EMERGENCY PLAN
 Child is allerg 	ALLERGY EME
gic to:	MERGENCY PLAN

Physician's Signature Date Parent/G	• Special Instructions:	4 3	Name Amount When	 Emergency Asthma Medications: 	→ No improvement minutes after initial treatment with medication. → Peak flow at or below → Hard time breathing with: ➤ Chest and neck pulled in with breathing. ➤ Child hunched over. ➤ Child struggling to breathe. → Trouble walking or talking. → Stops playing and cannot start activity again. → Lips or fingernails are gray or blue.	5. Contact parent/guardian6. Seek emergency medical care if the child has any one of the following:	 Steps to take during an asthma episode: 1. Check peak flow reading (if child uses a peak flow meter). 2. Give medications as listed below. 3. Check for decreased symptoms and/or increased peak flow reading. 4. Allow child to stay at child care setting if:	Emergency action is necessary when the citied has symptoms such as
Parent/Guardian's Signature Date Ch	Special Instructions:	4 3	When to Use 1 Name 2	 Emergency Allergy Medications: 	HAPPENS, GET EMERGENCY HELP NOW!	Symptoms of an allergic reaction include: the following: (Physician, please circle those that apply)	• Step 2.	h as • Child is allergic to:
Child Care Provider's Signature Date			Amount When to Use	ications:	->Mouth/Throat: itching & 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.	reaction include: cle those that apply)	is to take during an allergy episode: If the following symptoms occur, give the medications listed below. Contact Emergency help and request epinephrine. Contact the child's parent/guardian.	