My Asthma Profile

My Asthma Profile		A is for Asthma	
My name is: (child's first and	last names)	Tips for understanding your child's asthma	
I live at: (address, apartment #, city, state, zip)		You and your child's doctor can work together to fill in this important information.	
I may be having an asthma attack when (describe symptoms, such as "I am coughing and can't catch my breath," "I am wheezing," and so on):		 * Keep a completed copy of this sheet with you. Hang a copy at home in a place that's easy to see. * Give a copy to everyone who takes care of your child. * Update this profile when there are any changes in your child's treatment or symptoms. 	
My asthma can get worse when I am near (list triggers for your child's asthma attacks, such as dust, food allergies, cold air, and so on):			
Control Medications: I take NAME OF MEDICATION	these medicines regularly, even whe	en I don't feel sick or have trouble breathing: WHO CAN GIVE IT TO ME	
Rescue Medications: I take t	hese medicines when I am having an	n asthma attack or it is hard for me to breathe:	
NAME OF MEDICATION	WHEN I TAKE IT	WHO CAN GIVE IT TO ME	
When my Rescue Medicatio	ons are not helping me breathe mor	re easily:	
* Call 911 for an ambulance	to take me to the hospital right awa	ay.	
* Call my parents/guardians (if they are not with me):		* Call my doctor:	
NAME/S		NAME/S	
PHONE		PHONE	



SESAME STREET