



# BON ACCORD OUT OF SCHOOL CARE

## ASTHMA QUESTIONNAIRE AND ACTION PLAN

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AHC#: \_\_\_\_\_

1. What triggers you child's asthma?

Please check one or all of the following common Triggers:

Dust mites: \_\_\_\_ Animals: \_\_\_\_ Pollen: \_\_\_\_ Molds: \_\_\_\_ Foods: \_\_\_\_

Infections: \_\_\_\_ Exercise: \_\_\_\_ Irritants: \_\_\_\_ Weather Changes: \_\_\_\_ Emotions: \_\_\_\_

2. What are your child's symptoms when having an Asthma attack?

Please be as specific as possible.

3. What medication is your child using as treatment?

4. What are the instructions for this medication?

5. Does your child recognize the first signs of asthma?

6. What is the plan for Emergency Treatment and when is this to be put into action?

7. Please list any other instructions that will help the staff assist your child in keeping their asthma under control as much as possible.