

****Only for children with Asthma****

2010 ASTHMA ACTION PLAN

Due with Medical form by May 15, 2010

Session: (circle) **1** **2**

Camper's name: _____ Age: _____

Parent(s) name: _____ Phone: _____

Physician: _____ Phone: _____

List triggers that can cause asthma episode: _____

What measures do you take to prevent an asthma episode (environmental, prn meds, etc.):

Peak Flow monitoring: Personal best peak flow number: _____

Daily Medication Plan:

	Name	Amount	When to use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Emergency Plan

When peak flow is below _____ or when child has symptoms such as _____

Emergency Asthma Medications:

	Name	Amount	When to use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Comments: _____

Parent Signature Date

Physician signature **Date**