

Individual Health Care Plan for Asthma

Child's Photo

This form to be used for any child who has asthma. It must be signed by a Health Care Professional.

Plan must be renewed annually or when child's condition changes

Check all that apply...

Plan was created by:

____ Parent / Guardian
____ Doctor or Licensed Practitioner
____ Other _____

Plan is maintained by:

____ Co-Director _____
____ Office Administrator _____
____ Other _____

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Child's name _____ D.O.B. _____ Date _____
Name of chronic health care condition: Asthma
Description of chronic health care condition requiring an INHal er: Check one ____ seasonal asthma caused by _____ exercise induced asthma ____ asthma caused by allergy to _____ other _____
Symptoms: coughing, wheezing, shortness of breath, tightness in chest, _____
Medical treatment necessary while at the program: ____ puffs of _____ every _____ hours ____ other _____
Potential side effects of treatment: increased heart rate, shakiness, headache,
Potential consequences if treatment is not administered: Respiratory distress or failure

Name of Licensed Health Care Practitioner (please print): _____
 Licensed Health Care Practitioner authorization: _____ Date: _____
 Parental / Guardian consent _____ Date: _____

Name of staff who received training addressing the medical condition:

 Name of person (child's health Care Practitioner, child's parent, program's health care consultant) who trained the staff:
 Child's Parent

For Older Children ONLY (9+ years of age) who have permission to carry their own medication:

With written parental consent and authorization of a licensed health care professional, this IHCP permits older school age children to carry their own inhaler and/or EpiPen and use them as needed without the direct supervision of an ASC staff member. The inhaler / EpiPen will be stored in a zippered section of the child's backpack.

The staff members are aware of the contents and requirements of the child's IHCP specifying how the inhaler or EpiPen will be kept secure from access by other children in the program. Whenever an IHCP provides for a child to carry his own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed. Back up medication received? YES NO

The child named above, age _____ has permission to carry and self administer his INHALER EPI-PEN

Licensed Health Care Practitioner signature: _____ Date: _____

Parent/Guardian signature _____ Date _____

ASC signature _____ Date _____

q=every, q4° = every 4 hours, BID = 2X a day, QID = 4 X a day, NOS=not otherwise specified, PO = by mouth, HS=night time,