

# SCRIBBLES PRESCHOOL, INC.

Child's Name: \_\_\_\_\_  
Class: \_\_\_\_\_ Date: \_\_\_\_\_

## My Asthma Profile

Please fill out this form to share information with your child's teachers.

I may be having an asthma episode when (describe behaviors such as %am coughing and can't catch my breath,+ %complain that my chest hurts,+ %am wheezing+)

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My asthma can get worse when I am near (list things that can set off the child's asthma, such as dust or cold air)

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You can help me feel better by (list helpful interventions here such as %sitting me down,+ %rubbing my back,+ %helping me stay calm+)

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If my episode gets worse, please do the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If you need to call my family or my doctor, here are the names and phone numbers.

Family Member: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

The nearest emergency room address and phone number:

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## All About My Medications

Name of Medicine	When I Take It?	Who Can Give It To Me?

I also take the following home remedies: \_\_\_\_\_