

### Asthma Profile

**You and your child’s doctor can work together to fill in this important information.**

- Keep a complete copy with you at all times. Hang a copy at home in a place where it is clearly visible.
- Make sure all of your child’s caregivers, and all other people in his/her life, keep a copy on hand.
- Update the Asthma Profile when there is a change in your child’s treatment or a change in her reaction to triggers in the environment.

**My name is:** \_\_\_\_\_  
 (Write your child’s name here)

**I live at:** \_\_\_\_\_  
 \_\_\_\_\_  
 (Address, Apartment #, City, State, ZIP)

**I may be having an asthma attack when** (describe behaviors, such as “I am coughing and can’t catch my breath”, “I complain that my chest hurts”, “I am wheezing”, and so on):

\_\_\_\_\_

\_\_\_\_\_

**My asthma can get worse when I am near** (list triggers for your child’s asthma attacks, such as dust, certain food allergies, cold air, and so on):

\_\_\_\_\_

\_\_\_\_\_

#### All About My Medications

**Control Medications** I take these medications regularly, even when I don’t feel sick or don’t have trouble breathing:

Name of Medicine	When I Take It	Who Can Give It to Me

**Rescue Medications** I take these medicines when I am having an asthma attack or it is hard for me to breathe:

Name of Medicine	When I Take It	Who Can Give It to Me

**When my Rescue Medications are not helping me breathe more easily:**

- Call 911 for an ambulance to take me to the hospital right away
- Call my parents/guardians (Name/s): \_\_\_\_\_
- (Phone): (\_\_\_\_) \_\_\_\_\_ if they are not with me
- Call my doctor (Name): \_\_\_\_\_ (Phone): (\_\_\_\_) \_\_\_\_\_