



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Meriden-New Britain-Berlin
YMCA

Individual Health Plan (IHP) - **ASTHMA**

Child's Name: _____ D.O.B.: _____

School: _____ Grade: _____

Concern: **ASTHMA - Reactive Airway Disease (RAD)**

Asthma symptoms may be:

- Wheezing
- Coughing
- Shortness of Breath

Action steps for when they have these symptoms:

- ☐ Have them sit down and rest. A drink of water may help.
 - ☐ Give ____ puffs of MDI (inhaler), _____.
(use spacer if needed; puffs one(1) minute apart)
 - ☐ Give Nebulizer treatment.
 - ☐ Notify Parent/Guardian.
 - ☐ Other: _____.

****Call 911 if symptoms get worse****

Additional information: _____

Medical Provider: _____ Phone Number: _____

Parent Name (Print): _____ Phone Number: _____

Parent Signature: _____