Daily Asthma/Allergy Communication

Family to the Child Care Provider

Child’s Name ___________________________ Date ____________________

Where I can be reached today: ________________________________

Child’s Current Physical – Emotional Status (Check or circle those that apply)

❑ Tired
❑ Increased appetite
❑ Decreased appetite
❑ Restless/fussy
❑ Trouble feeding (sucking)
❑ Other: ____________________________
❑ Hyperactive/agitated
❑ Needs extra attention

Current Symptoms (Check or circle those that apply)

❑ Coughing
❑ Runny nose
❑ Sneezing
❑ Wheezing
❑ Congestion
❑ Itching: __________________________
❑ Other: __________________________
❑ Upset stomach
❑ Nausea

Factors that may have triggered these symptoms:

❑ Physical activity
❑ Insect sting
❑ Exposure to __________________________
❑ Other: __________________________

Medications:

Asthma/Allergy medications given at home (during last 24 hours)

What ___________________ How Much ___________________ When ___________________

Instructions for Child Care Provider

In addition to the normal daily medications, please give the following:

What ___________________ How Much ___________________ When ___________________

Last peak flow reading: _____________ Please check peak flow at: ___________________

Other information: ____________________________________________________________

Activity level for today:

❑ Normal activity (running and active play)
❑ Outdoor activity with no running
❑ Quiet indoor activity only

REMINDER

All medication administered requires an order from an authorized prescriber in addition to parental permission

Note: This form is provided as a tool to facilitate daily communications between parents/guardians and child care providers. Please refer to the child’s Asthma Action Plan for the routine plan of care.

Produced by the Pediatric/Adult Asthma Coalition of New Jersey • Funded by the Aetna Foundation • Adapted from the Connecticut Department of Public Health and the Asthma & Allergy Essentials for Child Care Providers, Asthma and Allergy Foundation of America (AAFA).

Information in this publication is not intended to diagnose health problems or take the place of medical advice. For asthma or any medical condition, seek medical advice from your child’s or your health care professional.

Although this project has been funded wholly or in part by the United States Environmental Protection Agency under Agreement CH97268901-0 to the American Lung Association of New Jersey, it has not gone through the Agency’s publications review process and therefore, may not necessarily reflect the views of the Agency and no official endorsement should be inferred. PACNJ, sponsored by the American Lung Association of New Jersey, is supported by a grant from the New Jersey Department of Health and Senior Services, with funds provided by the U.S. Centers for Disease Control and Prevention under Cooperative Agreement 1U58/EO00206-1. The contents of this project are solely the responsibility of the authors and do not necessarily represent the official views of the New Jersey Department of Health and Senior Services or the U.S. Centers for Disease Control and Prevention.
Daily Asthma/Allergy Communication
Child Care Provider to the Family

Child’s Name ___________________________ Date _______________________

Child’s Current Physical – Emotional Status (Check or circle those that apply)

☐ Tired ☐ Restless/fussy ☐ Hyperactive/agitated
☐ Increased appetite ☐ Trouble feeding (sucking) ☐ Needs extra attention
☐ Decreased appetite ☐ Other: _______________________________

Current Symptoms (Check or circle those that apply)

☐ Coughing ☐ Wheezing ☐ Upset stomach
☐ Runny nose ☐ Congestion ☐ Nausea
☐ Sneezing ☐ Itching: ________________ ☐ Other: ____________________

Factors that may have triggered these symptoms:

☐ Physical activity ☐ Exposure to ________________________________
☐ Insect sting ☐ Other: ________________________________

Information for Parent/Guardian

In addition to the normal daily medications, the following were given to your child today:
What ___________________ How Much ___________________ When _____________________
__________________________________________________________________________________________

Peak flow readings today were: _______________________

Other information:
__________________________________________________________________________________________
__________________________________________________________________________________________

Activity level for today:

☐ Normal activity (running and active play) ☐ Quiet indoor activity only
☐ Outdoor activity with no running

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