

ASTHMA FORM

To be filled out by Parent or Guardian

CONFIDENTIAL

HH #: _____

Forms that were completed for your child's current school year with a physician signature may be submitted in addition to this form, and the physician signature on that form can be used in place of this form.

Completion of this form is required along with a parent or guardian signature

The City of Bloomington, Parks and Recreation intends to use the requested information to provide for your child's health and safety while at programming. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health plan for your child. The information you provide will be shared only with staff in the program whose jobs require access to this information to ensure your child's safety.

Effective Year: _____

PARTICIPANT	FIRST NAME: _____	LAST NAME: _____
	BIRTH DATE: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	HOME PHONE: _____	CELL #: _____

ASTHMA	Triggers: (check all that apply)								
	<table border="1"> <tr> <td><input type="checkbox"/> Cold Air</td> <td><input type="checkbox"/> Exercise</td> <td><input type="checkbox"/> Fatigue</td> <td><input type="checkbox"/> Other: (list below)</td> </tr> <tr> <td><input type="checkbox"/> Emotions/Stress</td> <td><input type="checkbox"/> Illness</td> <td><input type="checkbox"/> Cigarette or other smoke</td> <td></td> </tr> </table>	<input type="checkbox"/> Cold Air	<input type="checkbox"/> Exercise	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Other: (list below)	<input type="checkbox"/> Emotions/Stress	<input type="checkbox"/> Illness	<input type="checkbox"/> Cigarette or other smoke	
	<input type="checkbox"/> Cold Air	<input type="checkbox"/> Exercise	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Other: (list below)					
	<input type="checkbox"/> Emotions/Stress	<input type="checkbox"/> Illness	<input type="checkbox"/> Cigarette or other smoke						
List location of Rescue Inhaler*:									
List other Asthma information:									

SIGNS AND ACTION PLAN

ASTHMA	Green Zone Normal Breathing	Signs: <ul style="list-style-type: none"> Breathing easily Can play, work and sleep without asthma symptoms No action needed 	Action Plan: No action needed
	Yellow Zone Early Warning	Signs: <ul style="list-style-type: none"> Trouble breathing Wheezing Tight cough Difficulty exhaling Feeling tightness Anxious 	Action Plan: <ul style="list-style-type: none"> Remain calm (reassure and stay with participant) Have participant self administer rescue inhaler* if has available. If no rescue inhaler available, administer medication* as ordered Encourage abdominal breathing and offer room temperature water *If no relief of symptoms in 5-10 minutes, call 911
	Red Zone Severe Symptoms/ Emergency	Signs: <ul style="list-style-type: none"> Chest and neck pulled in when breathing Trouble walking and talking Lips or fingernails blue or gray Increased anxiety and confusion Loss of consciousness 	Action Plan: <ul style="list-style-type: none"> Administer emergency medication* as ordered (Preferably Nebulizer) Call 911 Notify parent/guardian

* Please complete separate Medication form

OVER 



Forms that were completed for your child's current school year with a physician signature may be submitted in addition to this form, and the physician signature on that form can be used in place of this form.
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RETURN TO: City of Bloomington, Parks & Recreation, 1800 W. Old Shakopee Rd,
 Bloomington, MN 55431

Please do not forget the necessary signatures below.

Effective Year: _____

Physician Signature:

Only necessary if medication or treatment needed at program

Date:

Form Completed by:

Relationship to Participant:

Date:

Phone:

The Data Practices Act requires that we inform you or your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. This information can be shared with the Bloomington Parks and Recreation staff. You can withhold this data, but you may not receive updated program information and/or accommodations. Your signature on this form indicates you understand these rights.

Signature of legal guardian REQUIRED

SIGNATURE: _____ **DATE:** _____

OFFICE ONLY: Received on _____ (date) by _____ (Staff)
 RecTrac updated? Y / N Plan Created? Y / N
 Parent/Guardian contacted? Y / N P/G contacted on _____ (date)

Community Services Department Parks and Recreation Division PH 952-563-8877 parksrec@bloomingtonmn.gov
 1800 W. Old Shakopee Road FAX 952-563-8715 BloomingtonMN.gov
 Bloomington, MN 55431-3027 TTY 952-563-8740

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities. Upon request, this information can be available in Braille, large print, audio tape and/or computer disk.