



# Me & My Asthma

*This card contains important medical information.*

*Keep a copy with your medicine and give a copy to your teacher and your coach.*

My Name \_\_\_\_\_

## My Asthma Medicine is kept in:

My locker # \_\_\_\_\_

Combination# \_\_\_\_\_

My backpack which is stored:

\_\_\_\_\_

\_\_\_\_\_

Colour: \_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Treatment for Asthma Attack

If I am having **severe symptoms** - breathing very fast, gasping for breath, having difficulty speaking, blue/grey lips or fingernails, **CALL 911** and help me take my reliever medicine every few minutes until help arrives.

If my symptoms are **not severe** but I am having trouble breathing, follow these steps:

**Step 1:** Remain Calm

**Step 2:** Help me take my reliever medicine (see below)

**Step 3:** Call my Emergency Contacts

Reliever Medicine	Colour	# Puffs	Repeat Dose/Time*

\* Consult with your doctor for repeat dose.

If you are in Alberta, call Health Link Alberta at 8-1-1 for more instructions

## My Asthma Triggers

Things that bother my asthma:

- Cold/Flu    Animal Dander    Smoke    Fumes    Pollen  
 Cold Air    Strong Odours    Moulds    Dust    Exercise

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## My Usual Asthma Symptoms

When I am having an asthma attack, I:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please update this information regularly. Date: \_\_\_\_\_

**Visit our website at: <https://cumming.ucalgary.ca/research/icancontrolasthma>**