Cabot After School, Inc., 229 Cabot Street, Newtonville, Massachusetts 02460

ASTHMA CARE

_____	_____
Child's Name	**Parent/Guardian's Name**
_____	_____
Parent/Guardian's work#	**Parent/Guardian's Home Phone #**
_____	_____
Physician Treating Child's Asthma	**Physician's Phone #**

What causes your child's asthma symptoms? (i.e. exercise, weather conditions, virus, emotional stress, et.)

Approximately how often does your child have an acute episode?

Should an episode occur, what is the prescribed treatment? (i.e. inactivity/rest, breathing exercises, inhaler use, etc.)

Please indicate medication usage. (i.e. type, dose, frequency, times, etc.)

If your child does not respond to medication or recommended treatment, what actions do you advise the staff to take?

Does your child understand asthma and what to do to manage it?

Any restrictions be to aware of?

_____	_____
Parent/Guardian's Signature	**Date**

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You have stated on your child's health form in the Enrollment Packet that your child has _____. We have contacted you requesting medication for your child, but understand that he/she will not require medication on site at any time. Please sign the waiver below and return to the CASP mailbox so that we can add this form to your child's file.

In the event of a medical emergency we will follow standard procedures by contacting you or taking your child to the hospital as needed. Please notify CASP immediately if your child's health condition changes.

MEDICATION WAIVER FORM

I/We forever RELEASE, acquit, discharge and covenant to hold harmless the Cabot After School, Inc. and it's officers, directors, employees from any and all actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or arising out of, directly or indirectly, any medical emergency which I/We may hereafter have as the parent(s) or guardian(s) of the below named minor child, and also all claims or rights of action for damages which said minor child may acquire, either before or after s/he has a medical emergency resulting from their medical condition while participating in the Cabot After School.

_____ _____

Child's Name **Medical Condition**

_____ _____

Parent/Legal Guardian Signature **Parent/Legal Guardian Signature**