



## Summer Fun Asthma Action Plan

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

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Medication	Dose	When to Take it

### Emergency Contacts

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Emergency Department

Hospital/Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### Pharmacy Information

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_