



Add Therapy Center



Asthma Policy

Known Triggers for Asthma:

Date of Plan: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Therapist/Staff Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Physician Name: _____ Telephone: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Brief description of child's asthma and reactions:

If child displays the following Symptoms:	Take the following actions:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.





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Add Therapy Center staff will do its part to be continually aware of child’s asthma history, avoid known triggers and monitor at all times for signs and symptoms. As it not our policy to administer medications, a parent or caregiver must remain present either in the therapy room or the waiting area during the entire therapy session in case such an event may occur. In the event of an asthma attack, Add Therapy Center staff will work with the family to safely maintain the child which time the child is okay or emergency medical service arrives. The therapy session will end if an asthma attack occurs. By signing below you understand that Add Therapy Center will not be held liable for any asthma attacks that a child may have in our clinic environment.

Signature

Relationship to Patient

Date

Clinician Signature

Clinical Director Signature Patient

Date

Date





Add Therapy Center



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