

Participant Asthma Form



Participant information (Please print clearly)

Year:

Parent/guardian name:

Participant name:

Birth date (mm/dd/yy): Gender: Male Female

Street address: Apt/unit:

Town/city: Postal code:

Parent Email:

Home phone:

Parent/guardian #1 business phone:

Parent/guardian #1 cell phone:

Parent/guardian #2 business phone:

Parent/guardian #2 cell phone:

Emergency contact name:

Emergency contact relationship: Emergency contact phone:

How frequently does your child experience asthma attacks and what are the triggers that affect your child?

What is the severity of your child's reaction?

What is your typical treatment plan when an attack happens (e.g., use inhaler, go to the hospital, call 911)?

Will your child be bringing their inhaler to the program? Yes No

What type of inhaler does your child have?

See next page for more information.

Community Services Department, **Mailing Address:** 150 Mary Street, Milton, ON, L9T 6Z5

For more information: **Phone:** 905-875-5393, ext. 2613, **Email:** recreation@milton.ca

Information provided by the applicant and contained within the asthma form and any consent attachments, is collected under the authority of the Municipal Act, 2001, Section 11, and will be used to assess participant asthma for the Town of Milton, Community Services Department. If you have questions about this collection, please contact the Supervisor, Recreation, 150 Mary Street, Milton, ON L9T 6Z5, 905-875-5393, ext. 2613.

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Follow-up requirements and notes:

- Complete the Medication Consent form prior to the start of the program.
- Children age 5 and older are responsible for carrying their own inhalers.
Children must carry their inhaler in a fanny pack that is on them at all times.

Completed by (please print):

Signature:

Date (mm/dd/yy):