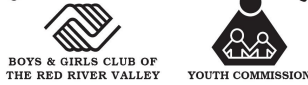


*Great futures start here*



**Youth Commission  
Individual Child Care Plan (ICCP)  
Asthma/RAD**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Site: \_\_\_\_\_

Diagnosed Medical Condition: \_\_\_\_\_

1. Is asthma a current health issue? YES NO

a. If yes, describe how often it occurs and list triggers:

\_\_\_\_\_

b. What symptoms does your child experience?

1) Early Symptoms: \_\_\_\_\_

2) Late Symptoms: \_\_\_\_\_

c. List any restrictions at the Youth Commission: \_\_\_\_\_

\_\_\_\_\_

2. What medication and treatment plan is your child following? (Complete MEDICATION PERMISSION FORM)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If your child does not respond to medication and treatment what would you like the staff to do?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUTH COMMISSION / BOYS & GIRLS CLUB OF THE RED RIVER VALLEY**

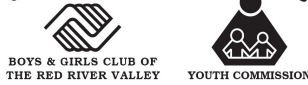
**Fargo Youth Center**  
2500 18<sup>th</sup> Street South  
Fargo, ND 58103  
P: 701/235-2147  
F: 701/235-9970

**Youth Center @ Rose Creek**  
4809 University Drive South  
Fargo, ND 58103  
P: 701/478-4066  
F: 701/478-4067

**Moorhead Youth Center**  
215 10<sup>th</sup> Street North  
Moorhead, MN 56560  
P: 218/284-1199  
F: 218/284-1201

[www.bgcrrv.org](http://www.bgcrrv.org)

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**Youth Commission  
Individual Child Care Plan (ICCP)  
Asthma/RAD**

4. Can your child administer the medication and treatment themselves or does your child need help?                      On Own                      Needs Assistance

a. If needs assistance, what does the staff need to do? \_\_\_\_\_  
\_\_\_\_\_

5. Where is the medication stored? \_\_\_\_\_

6. Is there any additional information staff must know in order to best serve your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

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