Asthma: What You Need to Know

What is asthma?

- An inflammatory lung disease.
- During an asthma attack, the airways in the lungs become swollen and cause coughing, wheezing, chest tightness, and/or trouble breathing.
- The most common chronic illness among children.

What causes asthma?

- The specific cause(s) of asthma is unknown. However, asthma symptoms can be made worse by respiratory infections, emotions, food allergies, and environmental risk factors, such as:
  - Tobacco Smoke
  - Pets (furry, hairy)
  - Pests (cockroaches)
  - Molds
  - Pollen
  - Strong smells

Children with asthma should be able to play, run, and participate in all activities when their asthma is well managed.

Why do I need to know about asthma?

- You are a partner, along with parents and health care providers, who can help manage a child’s asthma so that he/she has fewer asthma attacks.
- Asthma affects each child differently.
- Most children’s asthma attacks are triggered by ordinary things around them.
- If you are equipped with some knowledge, it will make your job easier when caring for children with asthma.

What can I do to help children with asthma in my care?

In order to effectively address asthma management in the child care setting, there must be collaboration among staff, families, and health care providers. This includes open communication to ensure that everyone understands and recognizes asthma and is able to manage the care of a child with asthma.

The Asthma Action Plan (AAP) can help support communication. It includes specific information on the child’s medications and instructions for decision-making during an asthma attack. As a child care provider, it is extremely important that you have this information readily available for any child diagnosed with asthma.
Action Steps to Reduce Asthma Triggers

Triggers are activities, conditions, or substances that cause the airways to react and asthma symptoms to occur.

Not all children with asthma are affected by the same things. It is important to determine what the triggers are in your facility and to take action to reduce exposure to them. Clear the environment of triggers that may cause asthma attacks.

- **Dust Mites** – Too small to see, they live in pillows, sheets, clothes, stuffed animals, and carpets.
  >> Protect mattresses and pillows with dust-proof covers. Remove stuffed animals and upholstered furniture. Do not use humidifiers. Do not let children lie on the floor/carpet with face exposed to the floor. Be sure to vacuum frequently (when the children are not present).

- **Mold** – Molds grow in damp environments. Moisture control is the key to reducing mold.
  >> Clean up mildew by washing mold off hard surfaces with bleach solution and allowing them to dry completely. Stop using humidifiers. Fix leaky plumbing. Keep drip pans in air conditions and refrigerators clean and dry.

- **Tobacco Smoke** – People who have asthma can be affected by a burning cigarette, pipe, cigar, or smoke being exhaled by a smoker.
  >> Provide a smoke-free child care environment. Do not smoke at home, in the childcare center, or anywhere around a child.

- **Pets** – Animals' dander, urine, and saliva can cause asthma attacks. Dander can become airborne and settle on children, furniture, or toys.
  >> It is best to get rid of all furry and feathered pets. Otherwise, keep the pets outdoors, and off of furniture and carpet at all times.

- **Respiratory Infections** – Colds, the flu, and bronchitis can all be asthma triggers.
  >> Wash hands regularly, especially during the cold and flu season to reduce transmission of disease. Avoid people with colds. Get a yearly flu shot. Encourage parents to keep children home when they have a cold.

- **Air Pollution** – Poor air quality, particularly on hot summer days when ozone pollution is high, can cause asthma attacks.
  >> Limit outdoor activity on poor air quality days. Watch for these warnings on TV and in the newspaper. Do not open windows. Use an air conditioner, if possible (be sure air conditioner filters are cleaned regularly).

- **Pollen** – High pollen counts in the fall and spring season are known to be problematic outdoor allergens.
  >> Limit outdoor activity on high pollen days. Do not open windows or doors on high pollen days. Use an air conditioner, if possible (be sure air conditioner filters are cleaned regularly).

- **Pests** – Droppings and/or body parts of pests such as rodents or cockroaches can start asthma attacks.
  >> Do not leave food or garbage out. Store food in airtight containers. Restrict food to one or two areas. Keep trash lids on tightly.

- **Exercise** – Asthma attacks can be triggered by exercise, especially when it leads to overexertion or when exposed to extreme temperatures (both hot and cold).
  >> Warm up for 6-10 minutes before exercising. Limit outdoor exercise when pollen count and pollution are high. For children negatively affected by exercise, ask parents about the need to give medication before activities.
• **Changes in Temperature** – Cold, dry air, very hot weather, change in seasons, or a sudden fluctuation in weather can lead to asthma attacks.
  >> Cover the child’s nose and mouth on cold or windy days. Use an air conditioner, if possible (be sure air conditioner filters are cleaned regularly). Be aware of weather forecasts, and avoid too much activity during extremely hot or cold weather.

• **Emotions** – Fear, anger, frustration, crying, or laughing can be an asthma trigger.
  >> Tell the child to try to relax by taking deep breaths. Find a quiet activity that the child enjoys, such as coloring, reading, or playing the dolls or blocks.

• **Sprays and Strong Odors** – Cleaning products, perfumes, aerosol sprays, and room deodorizers can trigger asthma attacks.
  >> Try not to use perfume, talcum powder, paint, and hair spray. Do not use strong-smelling cleaning agents.
Major Causes of Food Allergies

These eight foods account for 90 percent of all allergic reactions

Eggs
Milk
Wheat
Fish
Soy
Peanuts*
Shellfish
Tree Nuts (Walnuts, Pecans)

* Peanuts are the leading cause of severe allergic reactions.

From the Food Allergy Network
Early Signs of an Asthma Attack

A child may exhibit one or more of these signs during the initial phase of an asthma attack:

**Changes in Breathing**

- Coughing
- Wheezing
- Breathing through the mouth
- Shortness of breath
- Rapid breathing

**Verbal Complains**

- “My chest is tight”
- “My chest hurts”
- “My neck feels funny”
- “My mouth is dry”
- “I don’t feel well”
- “I can’t catch my breath”

Often a child who is familiar with asthma will know that an asthma attack is about to happen.

**Other signs**

- Itchy chin or neck
- “Clipped” speech (very short, choppy sentences)

Managing Asthma in the Child Care Setting

If a child exhibits any one of these signs:

- Cough when the child has no cold
- Mild wheeze
- Complains of a tight chest
- Unexplained irritability if too young to talk
- First signs of a cold

Then:

1. Stop, sit and calm child
2. Follow the child’s Asthma Action Plan or individual physician plan
3. If no improvements after 15-20 minutes, call parents.

IF SYMPTOMS PROGRESS TO:

If a child exhibits any one of these signs:

- Breathing hard and fast
- Nostrils flared
- Ribs show
- Difficulty talking
- Lips or fingernails turn gray or blue

Then:

CALL 911 AND NOTIFY PARENTS.
Follow emergency instructions on Asthma Action Plan or individual physician plan.
About the Asthma Action Plan

If you have a child diagnosed with asthma in your center, you should know what to do in case of an asthma attack or emergency. It is important to have a conversation with the child's parents about managing the child’s asthma and having a protocol to follow in the case of an emergency. This communication is much more effective if a child with asthma has an Asthma Action Plan (AAP). Having a completed, up-to-date AAP onsite ensures that you have detailed instructions for decision-making during an asthma attack. A sample of one type of AAP is included in this toolkit.

The AAP is developed by the child's family and health care provider and clearly describes steps to take if a child with asthma is experiencing any symptoms. Depending on how serious the child’s symptoms are, the AAP provides guidance to help manage the child’s asthma. The plan is usually in triplicate with a copy for the parent, the health care provider, and the school or childcare provider. The AAP should be kept on file and be easily accessible.

The AAP is tailored for each child and is color-coded into three sections: the green, yellow, and red zones. This plan will help you understand what you can do to help manage a child's asthma by outlining medication administration, triggers to avoid, and what to do based on the child's condition at a given time. Parents should regularly review the AAP with the childcare and health care provider.

The Asthma Action Plan describes the asthma symptoms that match each zone.

Green Zone – You’re Doing Well!
If the child’s breathing is good, the child is in the Green Zone, then everything is OK. He/she can continue playing, laughing, and doing other activities.

Yellow Zone – Slow Down!
If the child starts having more frequent and severe asthma symptoms, he/she is entering the Yellow zone. If the child is in the Yellow Zone, then he/she needs to be careful and aware of activities that can worsen his/her asthma. You may need to increase medications given to the child when the child is in the Yellow Zone according to the directions of the AAP. If you are not trained in medication administration, then call the child's parents immediately.

Red Zone – Get Help!
If the child is having extreme difficulty breathing, then he/she is in the Red Zone. If a child is in the Red Zone, it is an emergency. Follow the Asthma Action Plan. It is time to: get help immediately from the child’s health care provider, call 911, or go to the hospital.

Tips for Families who Have Asthma

✓ Let the child care provider know that your child has asthma.

✓ Discuss with your child care provider their medication administration policy.

✓ Let the child care provider know:
  - What triggers your child’s asthma
  - If your child is taking any medications, what they are, and when and how to administer
  - The symptoms your child usually exhibits before an attack

✓ Provide a copy of your child’s Asthma Action Plan (AAP) for the child care provider. If your child does not have an AAP, talk to your health care provider about getting one.

✓ Make sure both you and your child care provider understand the AAP and agree on the steps to follow. If your child does not have an AAP, you need to work with your health care provider to develop one. In the meantime, be sure to discuss with your child care providers steps to take in the event of an asthma attack.

✓ If your child requires asthma medication, be sure to give the child care provider medication in separate bottles with pharmacy labels clearly stating the name of the child, name of the health care provider, name of the medication, dosage, instructions, and expiration date. The medication should always be accompanied by a Medication Authorization Form to be completed by the child’s health care provider.

✓ Talk to your child’s child care provider regularly about your child’s asthma. It is a good idea for parents and child care providers to communicate about the child’s asthma signs or symptoms every day. (see the Daily Asthma/Allergy Communication form).

✓ Make sure the contact information you give your child care provider is current and up to date. This is very important, so that you can be reached in case of an emergency.
Daily Asthma/Allergy Communication
Family to the Child Care Provider

Child’s Name: ____________________________ Date: ____________________________

Where I can be reached today: ____________________________

Child’s Current Physical – Emotional Status [Check or circle all those that apply]
- Tired
- Restless/fussy
- Increased appetite
- Trouble feeding (sucking)
- Decreased appetite
- Other:
- Hyperactive/agitated
- Needs extra attention

Current Symptoms [check or circle those that apply]
- Coughing
- Runny nose
- Sneezing
- Wheezing
- Congested
- Itching:
- Upset stomach
- Nauseated
- Other:

Factors that may have triggered these symptoms:
- Physical activity
- Exposure to:
- Insect sting
- Other:

Medications:
Asthma/Allergy medications given at home [during last 24 hours]

What: ____________________________ How Much: ____________________________ When: ____________________________

Instructions for Child Care Provider
In addition to the normal daily medications, please give the following:

What: ____________________________ How Much: ____________________________ When: ____________________________

Last peak flow reading: ____________________________ Please check peak flow at: ____________________________
(if applicable) (if applicable)

Other information: ____________________________

Activity level for today:
- Normal activity (running and active play)
- Outdoor activity with no running
- Quiet indoor activity only

REMINDER
All medication administered requires an order from an authorized prescriber in addition to parental permission

Note: This form is provided as a tool to facilitate daily communications between parents/guardians and child care providers. Please refer to the child’s Asthma Action Plan for routine plan of care.

Adapted from: Asthma & Allergy Essentials for Childcare Providers: Asthma and Allergy Foundation of America (AAFA).
How do I Know if My Child Should Go to Child Care Today?

May attend child care if:

- Peak flow is in the Green Zone.
- Child has a stuffy nose, but no wheezing.
- Child has wheezing which goes away after taking medication.
- Child is able to perform usual activities (getting dressed, eating) without using extra effort to breathe.

The child should not attend child care if:

- Peak flow measurement is below 75 percent of personal best.
- Wheezing or coughing continues after treatment.
- Child has trouble breathing or is breathing fast.
- Child has a fever greater than 100 degrees.
- Child is too weak or tired to take part in normal activities (dressing self, eating).

Adapted from: Illinois Department of Human Services
Daily Asthma/Allergy Communication
Child Care Provider to the Family

Child's Name: _____________________________ Date: _____________________________

Child's Current Physical – Emotional Status (Check or circle all those that apply)

- [ ] Tired
- [ ] Restless/fussy
- [ ] Hyperactive/agitated
- [ ] Increased appetite
- [ ] Trouble feeding (sucking)
- [ ] Needs extra attention
- [ ] Decreased appetite
- [ ] Other: _____________________________

Current Symptoms (check or circle those that apply)

- [ ] Coughing
- [ ] Wheezing
- [ ] Upset stomach
- [ ] Runny nose
- [ ] Congested
- [ ] Nauseated
- [ ] Sneezing
- [ ] Itching
- [ ] Other: _____________________________

Factors that may have triggered these symptoms:

- [ ] Physical activity
- [ ] Exposure to: _____________________________
- [ ] Insect sting
- [ ] Other: _____________________________

Instructions for Parent/Guardian

In addition to the normal daily medications, the following were given to your child today:

What: _____________________________ How Much: _____________________________ When: _____________________________

Peak flow readings today were (if applicable):

Reading: _____________________________ Reading: _____________________________ Reading: _____________________________

Time: _____________________________ Time: _____________________________ Time: _____________________________

Other information: _____________________________

Activity level for today:

- [ ] Normal activity (running and active play)
- [ ] Quiet indoor activity only
- [ ] Outdoor activity with no running

Note: This form is provided as a tool to facilitate daily communications between parents/guardians and child care providers. Please refer to the child’s Asthma Action Plan for routine plan of care.

Adapted from: Asthma & Allergy Essentials for Childcare Providers: Asthma and Allergy Foundation of America (AAFA).
Glossary of Terms

**Allergen** – A foreign substance that leads to an allergic reaction. Examples are dust, molds and pollens.

**Allergic Reaction** – An acquired abnormal immune response to a substance (allergen) that does not normally cause a reaction.

**Anti-Inflammatory Medication** – A medicine that reduces the symptoms and signs of inflammation in the lungs by reducing the swelling of the airways. It helps control asthma over the long term. Corticosteroids are examples of anti-inflammatory medications.

**Asthma** – A chronic inflammatory lung disease that affects the airways in the lungs causing difficulty with breathing. Asthma attacks are triggered by allergens, infections, exercise, cold air and other factors.

**Asthma Management Plan (also called an Asthma Action Plan)** – A written document developed by the physician in conjunction with the person with asthma and his/her family that outlines exactly what the person with asthma needs to do depending on how they are feeling.

**Bronchodilator Medications** – A group of drugs that widen the airways in the lungs, providing quick relief. These are known as “rescue” medications.

**Control Medications** – These medications work over the long-term to reduce inflammation of the airways associated with asthma, thus reducing the risk of an asthma attack.

**Corticosteroid drugs** – A group of anti-inflammatory drugs that reduce the swelling of the airways.

**Dander** – Small scales from animal skin. This is a common allergen.

**Immune System** – The system within the body that identifies harmful foreign substances and works to get rid of them before they make you sick.

**Inflammation** – Redness and swelling in a body tissue such as the nose, lung or skin due to chemical or physical injury, infection, or exposure to an allergen.

**Inhaled Steroids** – Medicines that prevent the occurrence of asthma symptoms if taken regularly at adequate doses. The medicine is taken via inhaler only.

**Inhaler** – A device for administering medications by inhalation.

**Nebulizer** – A machine that pumps air through a liquid medicine making the medicine bubble until a fine mist is formed that is breathed in.

**Peak Flow Meter** – A small tube-like hand-held device used to measure the speed at which a person can push air out of their lungs. Monitoring peak flow can tell how well asthma is being controlled even before symptoms appear.

**Relief (Rescue) Medications** – Short-term medications that provide immediate relief to the airways during an asthma attack.

**Respiratory Systems** – The group of organs responsible for breathing. This includes the nose, throat, airways, and the lungs.

**Spacer** – A device that attaches to an inhaler that helps direct the medication into the lungs. These are useful for very young children who have difficulty getting adequate medicine into their lungs with an inhaler along.

**Symptoms** – Physical changes or feelings that show a disease or condition exist. For asthma these may be coughing, wheezing, breathing difficulty, or a tightness in the chest.

**Triggers** – Activities, conditions, or substances that cause the airways to react and asthma symptoms to occur. Some examples of possible asthma triggers are dust mites, mold, changes in temperature, tobacco smoke, and furry pets. Triggers are different for each person.
Cleaning and Maintenance

- If rugs or carpets must be used, they are vacuumed frequently (every day or two).
- High efficiency vacuum cleaner (ideally with a HEPA filter) is used. (Others blow tiny particles back into the air)
- Dusting is done often, with a damp cloth, to avoid stirring up the dust.
- Vacuuming and other cleaning is done when children are not present.
- Integrated pest management techniques are used, to limit amount of pesticide needed (e.g., seal all cracks in walls, floors and ceilings; eliminate clutter, keep food in airtight containers).
- Pesticides are applied properly, with adequate ventilation, when children are not present.
- Garbage is kept in tightly covered containers, and removed promptly to outdoor enclosed trash areas that is not accessible to children.
- Painting, repairs or construction work is done when children are not present. Indoor spaces are protected from construction dust, debris, strong odors and fumes.
- Shampooing of rugs and upholstery is done with low emission, fragrance-free products. They are dried thoroughly to prevent growth of mold and dust mites.

Ideas for improvement:

Family Child Care: Special Concerns

When children are cared for in “family day care” settings, they are exposed to things that are part of daily life in that household, some of which may be harmful for children with asthma. Parents and providers need to have honest discussions about these issues, which may involve sensitive matters. For example:

- Members of the provider’s family may smoke cigarettes in the home, or use-strong smelling perfumes or lotions;
- The family may have pets, or acquire new pets, to which the asthmatic child is allergic;
- The home may have a wood stove, fireplace or space heater that produces particles or fumes that irritate sensitive airways;
- Home furnishings are likely to include upholstered chairs and sofas that contain dust mite allergen;
- Hobbies or home repairs may produce fumes or strong odors.

The habits and activities of a child care provider’s family may need to be adjusted, in order to provide a healthy environment for all children who spend time in the household. Parents of children with asthma need to find out whether asthma triggers are present. In some circumstances, they may need to make other child care arrangements. Child care centers housed in public or private buildings may also have limits on their ability to improve their indoor air quality and remove all asthma triggers.

This checklist developed by the Asthma & Allergy Foundation of America/New England Chapter, with the support of a grant from the U.S. Environmental Protection Agency, Region I.
Other Irritants

Fireplaces and wood or coal stoves are not used.

Ideas for improvement: 

Policies and Practices

Asthma Management and Care

All staff are trained to watch for symptoms of asthma, warning signs that asthma is flaring up; and how to recognize emergency situations. New staff receive this training when hired.

Every child with asthma has a written plan on file, listing all allergies and asthma triggers, medication schedule, and emergency instructions.

Staff is trained to administer medication, and in the use and care of nebulizers, inhalers, spacers, and peak flow meters.

Staff takes medications and emergency action plans on field trips and to other off-site locations.

Parents and providers communicate regularly about the child’s asthma status.

Outdoor time is adjusted for cold-sensitive or pollen-sensitive children, and alternative indoor activities are offered. (After an asthma attack or viral infection, they are more sensitive)

Staff and children wash hands frequently; toys and surfaces are wiped often, to prevent the spread of viral infections that can trigger asthma.

General Physical Site/Space

Ventilation provides good air flow in all rooms and halls in every season. There is no stale or musty smell. Outdoor intake and inside supply vents are checked for blockages.

Heating or cooling system filters are properly installed, and changed often; other service guidelines and routine maintenance procedures are followed.

Heating or cooling ducts are professionally cleaned once a year.

Outdoor fumes (such as from car exhaust, idling vans or buses, or nearby businesses) are prevented from entering the building through open windows or doors.

The building is checked periodically for leaks and areas of standing water.

Plumbing leaks are fixed promptly.

Humidity level is monitored, using a humidity gauge, if possible. Humidifiers are not used; dehumidifiers are used if necessary. (Dust mites and mold thrive on humidity; keep below 50°)

Wet boots and clothing are removed and stored where they don’t track wetness into activity space.

Doormats are placed outside all entrances, to reduce tracking in of allergens.
Wet carpeting and padding are removed if not dry within 24 hours to prevent mold growth.

Mats that are placed on carpeted floors (especially in basement areas) are vinyl-covered, and wiped regularly with diluted chlorine bleach and water (1/4 cup bleach in 1 gallon water).

Mildew growth in bathroom and other damp areas (such as refrigerator drip pans) is prevented by regular wiping with diluted chlorine bleach and water.

Indoor houseplants and foam pillows, which can develop mold growth, are not used.

**Outdoor pollens and mold spores**

If ventilation is adequate, windows are kept closed during periods of high pollen count.

Air conditioners with clean filters are used during warm seasons, if possible.

Outdoor yard and play areas are kept clear of fallen leaves, compost piles, and cut grass.

**Latex (products made with natural rubber)**

Avoid latex gloves. If gloves are used, use only non-powdered, non-latex gloves.

Avoid latex balloons, pacifiers, koosh balls and other latex products (if child or staff member has latex sensitivity).

**Ideas for improvement:**

---

**Avoiding or Controlling Irritants**

**Tobacco Smoke (triggers asthma symptoms; causes children to have more respiratory and ear infections, and to need more asthma medication)**

Smoking is not allowed anywhere on the premises. This rule is strictly enforced.

Staff and parents are encouraged to participate in smoking cessation programs, and given referrals and assistance.

**Chemical Fumes, Fragrances, and Other Strong Odors**

Arts and crafts materials with fragrances or fumes are avoided (e.g., markers, paints, adhesives). If they are used, extra ventilation is provided.

Staff does not wear perfume or other scented personal products. (Use “fragrance-free” products)

Personal care products (such as hair spray, nail polish, powders) are not used around the children.

Air fragrance sprays, incense, and “air fresheners” are not used. (Open the windows and/or use exhaust fans instead)

New purchases (such as pressed-wood furnishings or plastic laminated products) are checked for formaldehyde fumes, and aired out before installation.

Cleaning supplies and home repair products with strong smells are not used when children are present; indoor spaces are carefully ventilated during and after their use.

Office equipment that emits fumes (e.g., photocopiers) are in vented areas away from children.
Asthma - Friendly Child Care
A Checklist for Parents and Providers

Use this checklist to learn how to make your child care setting a safe and healthy environment for children with asthma and allergies

### Avoiding or Controlling Allergens

#### Dust Mites

- Surfaces are wiped with a damp cloth often. *(No aerosol “dusting” sprays are used.)*

- Floors are cleaned with a damp mop daily.

- Small area rugs are used, rather than wall-to-wall carpeting. *Woven rugs that can be washed in hot water are best.* *(Water temperature of at least 130º/54ºC kills dust mites.)*

- If carpeting can’t be avoided, children are prevented from putting their faces, nap mats, blankets or fabric toys directly on the carpet.

- Children’s bed linens, personal blankets and toys are washed weekly in hot water.

- Fabric items (stuffed toys or “dress up” clothes) are washed weekly in hot water to kill dust mites.

- Furniture surfaces are wiped with a damp cloth.

- Soft mattresses and upholstered furniture are avoided.

- Beds and pillows that children sleep or rest on are encased in special allergy-proof covers

- Curtains, drapes, fabric wall hangings and other “dust catchers” are not hung in child care areas.

- If light curtains are used, they are washed regularly in hot water.

- If window shade or blinds are used, they are wiped often with a damp cloth.

- Books, magazines and toys are stored in enclosed bookcases, covered boxes, or plastic bins.

- Supplies and materials are stored in closed cabinets, piles of paper and other clutter that may collect dust are avoided.

#### Animal substances: *(both pets and pests shed dander, droppings, and other proteins which cause allergic responses and trigger asthma symptoms)*

- Furry or feathered pets are not allowed anywhere on the premises *(cats, dogs, gerbils, hamsters, birds, etc.)*

- Cockroaches and mice infestation are aggressively controlled, using preventive practices and least toxic extermination methods *(see “Cleaning and Maintenance”).*

- Feather-stuffed furnishings, pillows or toys are not used.

#### Mold and mildew

- Exhaust fans are used in bathrooms, kitchens and basement areas to help remove humidity.
The Illinois Asthma Resource directory provides a list of available asthma materials and an opportunity to explore what others are doing nationally, statewide and community based to address asthma. The directory provides information on managing asthma, responding to an emergency, a list of national, statewide, and community resources, Web sites for children and a list of companies that provide asthma management products (please note, IDPH does not endorse products or companies). If you would like a copy of the asthma resource directory, please provide all of the following information and mail or fax to the following address:

Illinois Department of Public Health
535 W. Jefferson St.
Springfield, IL 62761
217-782-1235

Attn: Illinois Asthma Program

Please Print or Type

Name________________________________________________________

Organization________________________________________________

Address_____________________________________________________

City__________ State_________ Zip Code___________

Phone_________________________ Fax_________________________

E-mail__________________________