ASTHMA INFORMATION FOR SCHOOL

PLEASE RETURN TO SCHOOL NURSE

Student Name: ______________________________ Grade: _______ Today's date: _______________
Parent/Guardian: ____ Phone: ___________________
Physician treating asthma: _____________________________________ Phone: ___________________

1. When was your student diagnosed with asthma? ____
2. Has your student had pneumonia or bronchitis? _________ How often?_________________________
3. When was the last time your student:
   was treated in the emergency room for asthma? ____
   was admitted to the hospital for asthma? ____
4. How often does your student miss school because of breathing problems? _______________________
5. What triggers your student's asthma? (Check all that apply)
   ☐ Exercise ☐ Strong odors ☐ Molds
   ☐ Respiratory infections, colds ☐ Cigarette smoke ☐ Animals
   ☐ Changes in weather ☐ Pollens ☐ Menstrual cycle
   ☐ Cold air ☐ Foods ☐ Other: ______________________________
   ☐ Laughing or crying hard ☐ Dust
6. What are your student's asthma symptoms? (Check all that apply)
   ☐ Cough ☐ Tickle in throat ☐ Anxiety
   ☐ Wheezing ☐ Chest tightness ☐ Headache
   ☐ Shortness of breath ☐ Fatigue ☐ Other:______________________________
7. How many times in the last month has your student had symptoms during the day? _____________
8. How many times in the last month has your student had symptoms during the night? _____________
9. When does your student have breathing problems? ____
10. How does asthma limit your student's exercise or activity? __________________________________
11. How do you treat your student's asthma? ____
12. Please list **ALL** the medications you student takes at home and at school:

Name of medication:	Amount/dose:	How often used:

13. Does your student have any allergies? ☐ No ☐ Yes; please list: ___________________________
14. Does your student use a peak flow meter? ☐ No ☐ Yes Spacer? ☐ No ☐ Yes
15. Are there any concerns related to your student's asthma that we need to consider at school?

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Parent Signature:_______________________________________ Date: _________________________