

STUDENT ASTHMA INFORMATION

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|--|---------------|------------------|-------|
| STUDENT NAME: | | TEACHER: | |
| Parent/Guardian Name: | | Home Phone: | |
| Address: | | Work Phone: | Cell: |
| Parent/Guardian Name: | | Home Phone: | |
| Address: | | Work Phone: | Cell: |
| Emergency Contact: | Relationship: | Phone Number: | |
| Emergency Contact: | Relationship: | Phone Number: | |
| Asthma Physician: | | Address & Phone: | |
| Family Physician: | | Address & Phone: | |
| Student's Asthma Triggers: | | | |
| <input type="checkbox"/> Exercise <input type="checkbox"/> Weather Changes <input type="checkbox"/> Respiratory Infections <input type="checkbox"/> Smoke <input type="checkbox"/> Chalk <input type="checkbox"/> Medications <input type="checkbox"/> Stress <input type="checkbox"/> Perfumes <input type="checkbox"/> Animal Allergies <input type="checkbox"/> Outdoor Allergies <input type="checkbox"/> Indoor Allergies <input type="checkbox"/> Food Allergies <input type="checkbox"/> Other: | | | |
| Student's early symptoms or warning signs: | | | |
| <input type="checkbox"/> Chronic cough <input type="checkbox"/> Stuffy nose <input type="checkbox"/> Dark circle under eyes <input type="checkbox"/> Scratchy/itchy chin <input type="checkbox"/> Tightness/heaviness in chest <input type="checkbox"/> Pale complexion <input type="checkbox"/> Restlessness <input type="checkbox"/> Drop in peak flow reading <input type="checkbox"/> Stomach ache <input type="checkbox"/> Watery eyes <input type="checkbox"/> Mood change <input type="checkbox"/> Other symptoms: | | | |
| List specific environmental controls the school can make to prevent an asthma episode: | | | |
| Student's medications: | | | |
| Daily medication name: | Dosage: | When taken: | |
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| "As needed" or rescue medications: | Dosage: | | |
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| What should school personnel do to help your child during an asthma episode? | | | |
| How does your child manage an asthma episode at home? | | | |
| What should school personnel do if the student does not respond to medication during an episode? | | | |