Asthma

Name_____Grade_____

Please rate the severity of his/her asthma (circle)
(not severe) 0 1 2 3 4 5 6 7 8 9 10 (severe)

How often do the asthma attacks occur?_____

Check any conditions that usually trigger an asthma episode:
☐Respiratory infection
☐Exposure to cold air
☐Emotional stress
☐Smoking
☐Exercise (describe) _____
☐Odors (describe)_____
☐Allergic reactions to:_____
☐Other_____

Check the signs that are usually present during an asthma attack
☐Coughing
☐Wheezing
☐Feels frightened
☐Short of breath
☐Bluish color of skin/nails
☐Other_____

What does your child do at home to relieve wheezing during an asthma attack?
☐Breathing exercises Take Medications: ☐Inhaler
☐Rest/Relaxation ☐Nebulizer
☐Drink liquids ☐Oral medication
☐Other_____

Please list below the medications your child takes for asthma:

Medication	Dose and Frequency	Taken at school	Location
		☐No ☐Yes	☐Nurse☐Backpack
		☐No ☐Yes	☐Nurse☐Backpack

If medications are to be given during school, medication permission forms signed by the physician will need to be completed yearly. Medications must be in the original labeled container.

If your child does not respond to the above treatments or medication, what action do you advise school personnel to take?_____

Does your child need any special considerations related to his/her asthma while at school?_____

_____

Please indicate any additional information you wish the school to know:_____

The usual procedure followed at school for asthma is:
1. Allow student to use prescribed asthma medication with assistance given as needed.
2. Encourage relaxation with slow deep breathing, sipping warm fluids.
3. Stay with student and monitor for symptoms
If symptoms decrease after 15 minutes, return to class.
If symptoms remain the same after 15 minutes, parent will be contacted for directions.
If symptoms increase in severity, will call 911, CPR will be started if needed, parents called.