## **For Parental Completion Only**

## SCHOOL INFORMATION FORM FOR A STUDENT WITH ASTHMA OR BREATHING PROBLEMS

Dear Parent/Guardian: It has come to our attention that your child has asthma or breathing problems. The school nurse needs more information to help take care of your child at school. Please complete and return this form to school. If you have any questions, please contact your child's school nurse.

Student Name:					Birth date:				
Pa	rent/G	uardian	Name & Pho	one #:					
Pa	rent/G	uardian	Name & Pho	one #:					
Ot	her Em	ergency	Contact Na	me & Phone #:					
He	ealth Ca	re Prov	ider for asth	ma & Phone #:					
1.		w much does your child's asthma bother or interrupt him/her during normal activities (playing, running around, and sports)  Never Rarely Sometimes Often All of the time							
2.		w many times has your child been to the emergency department or hospitalized for asthma in the past year?0 times1 time2 times3 times4 times5 or more times							
3. a) What triggers your child's asthma? (Check all that apply)  ☐ Illness (colds) ☐ Smoke ☐ Emotions (crying, laughing, stress) ☐ Exercise/physica ☐ Weather changes ☐ Strong odors/sm					oke rcise/physical activ	Allergies: ☐ Cat ☐ Dog ☐ Dust ☐ Mold ☐ Pollen  I activity ☐ Food:			
	-	Does your child have a life threatening allergy or anaphylaxis? ☐ Yes ☐ No - If so, is an epi-pen at school? ☐ Yes ☐ No *If "yes", complete a Severe Allergy Plan available from the school nurse*							
	c) Does	bes any one smoke around your child (at home, the care, childcare/sitter, family/friends)? $\Box$ Yes $\Box$ No							
4.	□Co □Tro	ughing	athing	☐ Rubbing chin	eriences before or o n/neck rd/fast	☐ Clearin☐ Feeling	g the throat g tired/weak	: (Check all tha	
5.			names or color day and as nee		halers/puffers, pill	s, liquids, n	ebulizers) you	r child takes fo	or asthma and allergie
Lis			aay aa aooo	<u></u>					
Names or									
Co	lors of								
Me	edicines								
Us	ed								
6.		-		nis/her asthma m Needs help t	edications? (Checkaking medicine	-	nswer)? g medicine no	ow	
7.	relieve			hing, or wheezing	ed a rescue or relic g? re days/wk but not		ne (a syrup, in		thing machine) to
8.		oast 4 we Never	eks, how often $\Box$ 1-2 days/v		nd coughing, troubling troubling troubling to the days/wk but not		, or wheezing □ Everyday		g or during the day?
9.		Never	☐ 1-2 times	☐ 3 or more time		or more tim		at <u>night while</u> □ Every nigh	
	s informatio ardian na		ared with you health		to have a complete health rdian Signature:	n care plan.			