

Student Asthma Information

Student Name:		Homeroom:	Teacher:
Parent/Guardian Name:		Home Phone:	
Address:		Work Phone:	
Parent/Guardian Name:		Home Phone:	
Address:		Work Phone:	
Emergency Contact:	Relationship	Phone Number	
Emergency Contact:	Relationship	Phone Number	
Asthma Doctor:		Address and Phone:	
Family Doctor:		Address and Phone:	
Student's Asthma Triggers:			
<input type="checkbox"/> Exercise <input type="checkbox"/> Chalk <input type="checkbox"/> Smoke <input type="checkbox"/> Perfumes <input type="checkbox"/> Stress <input type="checkbox"/> Strong odors or fumes <input type="checkbox"/> Weather Change <input type="checkbox"/> Respiratory infections: <input type="checkbox"/> Animal allergies: <input type="checkbox"/> Outdoor allergies: <input type="checkbox"/> Indoor allergies: <input type="checkbox"/> Medications: <input type="checkbox"/> Food allergies:			
Student's early symptoms or warning signs:			
<input type="checkbox"/> Chronic cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Mood change <input type="checkbox"/> Other symptoms: <input type="checkbox"/> Scratchy/itchy chin <input type="checkbox"/> Tightness/heaviness <input type="checkbox"/> Dark circles under eyes <input type="checkbox"/> Restlessness in chest <input type="checkbox"/> Pale complexion <input type="checkbox"/> Watery eyes <input type="checkbox"/> Drop in peak flow <input type="checkbox"/> Stomach ache <input type="checkbox"/> Stuffy nose reading			
List specific environmental controls the school can make to prevent an asthma episode:			
Student's Medications:			
Daily medication name:	Dosage:	When taken:	
"As needed" or rescue medications:	Dosage:	When "as needed" medications are used:	
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 the school personnel do if the student does not respond to medication during as episode?			