Updated 09/2019

ASTHMA

Name: ______________________________________ Date: _______________________________

According to your child's health records, he/she has had asthma or symptoms of asthma in the past. It would be helpful if you could provide us with more information by completing the following questions each year and returning this form to your child's school. Thank You.

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Asthma Physician's Name: _______________________________ Phone: ______ ____________

When was your child diagnosed with asthma? ____

When was the last asthma occurrence? ____

What triggers an asthma episode (check all that applies)?

Irritants (specify) _________ Allergies (specify) _______________

Exercise _________________ Infections ________________ Food ____________________

Seasonal _________________ Animals _________________ Environment ______________

Drugs ___________________ Other ____

What medications does he/she use?

Name ____________________________ Dose ____________________ Frequency _____________

Name ____________________________ Dose ____________________ Frequency _____________

Name ____________________________ Dose ____________________ Frequency _____________

Name ____________________________ Dose ____________________ Frequency _____________

Does your child use a peak flow meter? ☐Yes ☐No

What is the normal reading? _____________________

What signs or symptoms are present when your child is having an asthma "episode"?

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How much school did your child miss last year because of asthma? ______________________

How often does you child see the physician because of asthma? __________________________

Has your child been hospitalized due to asthma? ☐Yes ☐No When? _____________________

Please complete Asthma Action Plan on the back of this form.

____ _________________________

Parent/Guardian Signature Date

____

Print Parent/Guardian Name

(R-02-14)

DISTRICT 20 HEALTH SERVICES

Greenbrook Elementary School
& Early Childhood Center
630-894-4409 Nurse Phone
630-894-4544 Main Office
630-289-6183 Fax

Waterbury Elementary School
630-894-4211 Nurse Phone
630-893-8180 Main Office
630-539-2316 Fax

Spring Wood Middle School
630-894-4044 Nurse Phone
630-893-8900 Main Office
630-894-9658 Fax