

Asthma History Form/Information Sheet

(Complete only if your child has asthma)

Submit to your child's building Nurse prior to the first day of school, August, 2020

Student Name _____ Grade 2020-2021 _____

Parent Name _____ Phone _____

Physician Name _____ Phone: _____

Please rate the severity of your child's asthma: (Not severe) 1 2 3 4 5 6 7 8 9 10 (Severe)

Has your child been hospitalized for asthma in the past year? ____ Yes; (Dates : _____) ____ No

Does your child use a peak flow meter? ____ Yes ____ No How often? _____ Best flow rate is _____

Does your child use a spacer? ____ Yes ____ No

Identify the items below that may start an asthma episode:

____ Respiratory infections ____ Emotional stress ____ Strong odors or fumes: _____

____ Change in temperature ____ Smoking ____ Exercise ____ Allergic reaction to: _____

____ Other: _____

Identify the symptoms that may be present in an asthma episode:

____ Coughing ____ Short of breath ____ Bluish color of skin/nails ____ Wheezing ____ Feels frightened

____ Other _____

Identify what your child does at home to relieve wheezing in an asthma episode:

____ Breathing exercises ____ Drink liquids ____ Use inhaler ____ Rest/relaxation ____ Take oral medication

____ Use nebulizer ____ Other _____

Please list any medication your child takes for asthma: NOTE:

Medication	Dosage and Time	Taken at School?
1. _____	/ _____	/ ____ Yes ____ No
2. _____	/ _____	/ ____ Yes ____ No
3. _____	/ _____	/ ____ Yes ____ No

Note: If medications are to be given during school hours or kept by the nurse, your physician will need to complete The **School Medication Permission Form** yearly. This form can be found on the CHCA website under the Parent section. Medications must be in the original container. Older students who will carry their own **inhaler** must complete the School Medication Permission Form as well. Parents need to provide the nursing staff with a **backup inhaler** to store in the nursing office. Should a student experience respiratory distress and not have their inhaler available at school, emergency services may need to be called at the parent's expense.

Note: It is the responsibility of the parent to communicate all information about the child's Asthma history to the building nurse, teacher and any after school staff, extra-curricular personnel or coaches that have contact with the student. This includes information about a new diagnosis, change in treatment or any related health updates.

Please share any additional information you would like the school to know about your child here: _____

Signature of Parent/Guardian _____ Date _____ (Revised Feb. 2020)