

Lewis Central Schools
Asthma/Anaphylaxis Follow-Up Report

Student _____
Date of Incident _____
School _____

Prior to the incident:

1. Was student diagnosed with asthma/severe allergy prior to incident? Yes ___ No ___

2. Did student have an Asthma Action Plan? Yes ___ No ___

3. Were student's prescriptions available at school? Yes ___ No ___

Nebulizer? Yes ___ No ___

EpiPen? Yes ___ No ___

4. Were there any precipitating factors prior to the incident? Yes ___ No ___

Describe _____

5. Did student return to school with:

A. A required medical release from school? Yes ___ No ___

B. A medical diagnosis? Yes ___ No ___

C. An Asthma Action Plan? Yes ___ No ___

D. Medication(s)? Yes ___ No ___

If yes, please name _____

E. Restrictions?

Comments: _____

Signature

Date