Simi Valley Unified School District
Student Support Services 875 E. Cochran St. Simi Valley, CA 93065 805-306-4500

ASTHMA HEALTH RECORD UPDATE

Student _____ Date of Birth _____

School _____ Grade _____

Person completing this form: _____

Name of Physician: _____ Phone: _____

□ **Asthma is no longer** an active problem for my child. Please update this information on my child's school record.

Current triggers for my child's asthma include:
□ Exercise □ Smoke □ Pollen/Plants □ Wind □ Cold
□ Rain □ Emotions/Stress □ Colds/Infections □ Animals _____
□ Other _____

Symptoms my child experiences (check all that apply):
□ Cough during day □ Cough during night □ Short of Breath □ Wheezing
□ Fatigue □ Other _____

Severity (check all that apply): **Circle appropriate severity**
□ Missed 0 school days last year due to asthma
□ Uses Rescue Inhaler 2 or less times a week Mild
□ Asthma never interferes with sports/play activities
□ Missed 1-4 school days last year due to asthma Moderate
□ Uses Rescue Inhaler 3 or less times a week
□ Uses daily medications to control symptoms
□ Missed 5 or more school days last year due to asthma Severe
□ Any hospitalizations/ER visits in the last 2 years

Medications (current):
□ _____Rescue Inhaler □ Oral Singulair/Accolate □ Steroid Inhaler □ Theophyline
□ Aerochamber □ Intal Inhaler □ Nebulizer □ Other _____

Plan for care at school (check all that apply):
□ **No** medication required – standard first aid only
□ Student will carry his/her own inhaler and have an extra one in the Health Office
□ Student will have medication in the Health Office
□ Other _____

Additional Information _____

_____

Parent/Guardian Signature _____ **Date** _____

Please return this update, along with any medications and authorization forms to the school office.