



# 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
- Asthma never interferes with sports/play activities
- Missed 1-4 school days last year due to asthma
- 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
- Any hospitalizations/ER visits in the last 2 years

Mild

Moderate

Severe

### Medications (current):

- \_\_\_\_\_ Rescue Inhaler
- Oral Singulair/Accolate
- Steroid Inhaler
- Theophylline
- 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.*