DEPARTMENT OF SCHOOL HEALTH SERVICES

Danville Independent Schools

To: Parents/Guardian of:_____
Date of Birth:_____
Enrolled in grade:_____
School:_____

You have checked on school records that this student currently has **asthma.** It is important to have at least yearly health information when s/he needs help at school. **Please complete the form and return it to the school nurse tomorrow** so a plan to help your child can be shared with identified school personnel. It is the **responsibility of parents to provide necessary special food and medicine needed at school.** If you have questions, you may call the nurse at the student's school or the school health office at the number above.

How often do the asthma attacks occur?_____
Has student been treated in the hospital for asthma in the past year? [] No [] Yes
When?_____
Is a peak flow meter used? [] No [] Yes; best flow rate is:_____

CHECK THE CONDITIONS THAT USUALLY BRING ON THIS STUDENT'S ASTHMA ATTACK:

[] respiratory infection [] exposure to cold air [] emotional stress
[] exercise (describe, ex. after running)_____ [] odors (describe)_____
[] allergic reaction: (describe; ex. peanuts, carpet,) [] other (describe)_____

CHECK THE SIGNS THAT ARE USUALLY PRESENT IN THIS STUDENT'S ASTHMA ATTACK:

[] coughing [] wheezing [] shortness of breath [] feeling frightened [] difficulty talking
[] bluish color of skin/nails [] other (describe):_____

Asthma is currently treated by
Dr:_____ Phone:_____

Are medications needed to control the asthma? [] No [] yes (list below the medications needed)

Medication	Amount Taken	Time of Day

Which of these medications need to be taken at School?_____
TURN PAGE OVER TO COMPLETE FORM.

PLEASE ADVISE THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN DOSE AND/OR TYPE OF MEDICATION.

THE USUAL PROCEDURE FOLLOWED AT SCHOOL FOR A STUDENT'S ASTHMA IS:

1. Allow the student to use his or her prescribed asthma medication with assistance given as needed.
2. Encourage student's relaxation (ex. slow, deep breathing, sipping warm fluids)
3. Stay with student; monitor for symptoms.
   a.) If symptoms decrease 15 minutes after taking medication, student may return to class.
   b.) If symptoms remain the same 15 minutes after taking medication, parent will be contacted for direction.
   c.) If symptoms increase in severity 9-1-1 will be called and CPR begun if necessary.

If you want additional help given, or have other concerns, describe here: **(see below)

_____

_____

_____

X _____

Parent Signature Date

Remember to advise the school immediately of changes in phone numbers, address, responsible emergency contact persons, doctor, hospital preferences

- *Your district has a policy regarding taking medicine at school. Please check with your child's school for direction.
- ** Tests and activity restrictions require written direction from the student's doctor.