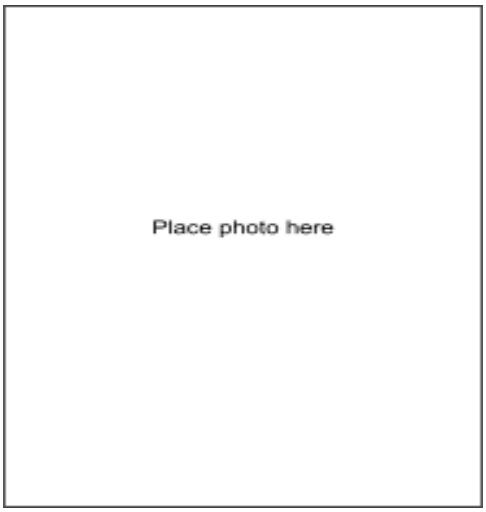
JOHN KNOX CHRISTIAN SCHOOL

Asthma Medical Alert Form

Name:_____

Grade/Class:_____



Please **CHECK** one box below to indicate the **severity of asthma:**

- ☐ **mild** (no puffer is needed at school)
- ☐ **moderate** (puffer is kept in office)
- ☐ **severe** (puffer is kept on the student or in homeroom at all times; extra puffer is kept in office)

Please clearly indicate how we can best support your child with asthma. Please also list **any/all medications** that you will provide for your child at school, **including dosing information** (e.g., one or two puffs from puffer, aerochamber needed, etc).

_____

_____

Emergency Contact Name:	**Relationship**	**Home #:**	**Cell #:**	**Work #:**
1.				
2.				

1. Please complete this form and return it to the office or teacher on the first day of school.
2. All information will be updated on the school database, and copies of completed forms with student photo (provided by the parent/guardian) will be displayed in the office for the current school year only. Each student will also have an emergency plan posted for each medical condition. Each classroom will be provided with this information.
3. Those students with medication or Asthma inhalers should provide completed "Administration of Medication Form" to the teacher or office, on the first day of school, (or whenever needed) as well as the medication or inhalers, which will be kept in the staff room next to the student's forms.

FOR OFFICE USE ONLY	
DATE UPDATED IN DATABASE	
INITIAL	

Updated May, 2024