



ROUND LAKE AREA SCHOOLS

Community Unit School District #116

Inspire and empower students to construct a thriving future.

Asthma Update Questionnaire

Student's Name _____ Grade: _____ Date: _____

The school district has a record indicating that your child has asthma. In order to provide the best care, we need to keep his/her health information updated yearly. Please answer the questions below and return to the School Nurse as soon as possible. Also, please ask your health-care provider to complete an Asthma Action Plan and return the plan to the school nurse. If your child requires medication, a School Medication Authorization Form also needs to be completed. This information may be shared with appropriate personnel in order to keep your child safe. Thank you.

What signs are usually present during an asthma attack? (check all that apply)

☐

coughing

☐

shortness of breath

☐

wheezing

☐

tightness in chest

☐

other: _____

What triggers an asthma episode?

Do you see a specialist regarding asthma treatment? ☐ Yes ☐ No

What medication(s) have been prescribed to treat his/her asthma?

How often does your child use his/her rescue inhaler? (such as Albuterol)

Has your child had any emergency room visits/hospitalizations due to asthma within the last year?

☐

Yes

☐

No

When was your child's last asthma episode?

What was the treatment and how did your child respond?



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Has your health care provider written an Asthma Action Plan for your child? ☐ Yes ☐ No

Does your child need medication at school to treat an asthma episode? ☐ Yes ☐ No

If yes, please notify the school nurse so that the appropriate medication forms can be completed.

Does your child know how to use their asthma inhaler correctly? ☐ Yes ☐ No

Will your child carry their asthma inhaler medication on their person? ☐ Yes ☐ No

Will you provide an asthma inhaler to be kept in the nurse's office at school? ☐ Yes ☐ No

Parent Signature: _____ Phone: _____

Form reviewed and documentation updated: _____

Nurse Signature and Date