

# School Asthma Record

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade/Rm. \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardian, Name: \_\_\_\_\_ PH:(H) \_\_\_\_\_

PH:(W) \_\_\_\_\_ PH:(C) \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ PH: \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ PH: \_\_\_\_\_

Physician student sees for Asthma: \_\_\_\_\_ PH: \_\_\_\_\_

Other Physician: \_\_\_\_\_ PH: \_\_\_\_\_

## Daily Asthma Management Plan

Identify the things which start an asthma episode (Check each that applies to the student.)

\_\_\_ Exercise

\_\_\_ Strong Odors

\_\_\_ Pollen

\_\_\_ Respiratory Infection

\_\_\_ Animals

\_\_\_ Mold

\_\_\_ Dust

\_\_\_ Food \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ \_\_\_ Change in temperature

Please list any environmental control measures, premedication and/or dietary restrictions that the student needs to prevent an asthma episode.

\_\_\_\_\_  
\_\_\_\_\_

Peak Flow Monitoring

Personal best peak flow Number: \_\_\_\_\_

## Daily Medication Plan

| Name     | Amount | Time  |
|----------|--------|-------|
| 1. _____ | _____  | _____ |
| 2. _____ | _____  | _____ |
| 3. _____ | _____  | _____ |
| 4. _____ | _____  | _____ |

Please list any side effects that your child experiences from his/her medications. \_\_\_\_\_

How often does your child experience an acute asthmatic episode? \_\_\_\_\_

Describe your child's early warning signs of an acute asthma episode. \_\_\_\_\_

Does your child recognize these signs? \_\_\_\_\_

### **Emergency Plan**

Emergency action is necessary when the student has symptoms such as:

\_\_\_\_\_ or has a peak flow reading of \_\_\_\_\_.

### **Emergency Asthma Medications**

|    | Name  | Amount | When to use |
|----|-------|--------|-------------|
| 1. | _____ | _____  | _____       |
| 2. | _____ | _____  | _____       |
| 3. | _____ | _____  | _____       |

If your child does not respond to medications, what action do you wish the school to take? \_\_\_\_\_

Comments /Special Instructions  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_