



Student Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Male Female Grade _____ Phone _____

Student Asthma Information

1. Does your child have asthma that has been diagnosed by a doctor? Yes No
2. Is your child's asthma severe enough to require him/her to carry their inhaler with them? Yes No
(If Yes, a physician must write an order indicating so along with the "Dispensing Medication at School" form must be on file)
3. Does your child have any known "trigger" factors? Yes No
If Yes please list:

1. _____ 2. _____ 3. _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

1. Difficulty breathing, walking, or talking
2. Blue or gray discoloration of the lips or nail beds
3. Failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken are:

1. Activate the emergency medical system in your area: 911
2. Call the parent or physician

Medications to be given at school—if any, the "Dispensing Medication at School" form must be on file)

1. Name _____ Dosage _____ Time _____

2. Name _____ Dosage _____ Time _____

Steps to be taken for an acute asthma episode:

1. _____
2. _____
3. _____
4. _____

Signature of Parent _____

Mother's Name _____ Day Phone _____ Cell _____

Father's Name _____ Day Phone _____ Cell _____

Please list two available alternates to attempt to contact in an emergency:

1. (name/relationship to student) _____ Day Phone _____

2. (name/relationship to student) _____ Day Phone _____

Physician Name _____ Clinic Name _____

Phone: Clinic _____ Physician's Emergency Phone _____