

Barrington 220: SCHOOL HEALTH SERVICES
ASTHMA UPDATE

Student Name: _____ Grade: _____ Today's Date: _____

We are aware 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. Also, please ask your health-care provider to complete an Asthma Action Plan and return the plan to the school nurse. 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? (Typically 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?

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 updated: _____

Parent Signature and Date