



## STUDENT ASTHMA INFORMATION FORM

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Describe the triggers that may set off an asthma episode in your child (e.g. dust, exercise, cold/virus, cold air, animals, pollen, chemicals, other):

Describe the type of symptoms your child experiences (e.g. wheezing, coughing, tightness of chest, shortness of breath, other)

What usually helps if an asthma episode occurs?

Medications your child takes at home: (name, dose, frequency)

Medications your child will take at school: (name, dose, frequency)

Side effects of medication that your child experiences:

Does your child use a peak flow meter?

What is your child's current best peak flow?

What are your child's green, yellow, red zones?

Frequency of asthma episodes:

Number of times child has had to be taken to an emergency facility for an acute episode of asthma in the past 12 months:

PLEASE CONTACT THE SCHOOL NURSE IF INFORMATION OR YOUR CHILD'S  
CONDITION CHANGES DURING THE SCHOOL YEAR.

Thank you for help in providing the best care possible for your child.



## Permission to Carry Inhaler

Permission for any student to carry a Metered Dose Inhaler on their person must be granted and signed for by the student's physician on the Physician's Medication Statement form provided to the school each year.

Also, for permission to carry an inhaler:

- 1) Student must be in grade 6 – 12.
- 2) Student has demonstrated to the school nurse the correct use of inhaler.
- 3) Student agrees to **never share** the inhaler with another person.
- 4) Student agrees that after two puffs, if there is not **marked** improvement, he/she will go to see the school nurse **immediately**.

Student signature \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to carry the inhaler described below. I understand that he/she must follow the rules listed above. I will notify the school nurse of changes in medication or my child's condition.

Name of Medication \_\_\_\_\_

Dose \_\_\_\_\_ Frequency of Use \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that any student in grades 6 – 12 may keep their inhaler in the Health Office and go to the Health Office to use their inhaler. Carrying the inhaler is only an option if the parent, physician, and school nurse so advise.