

**Concord Public Schools**  
**STUDENT ASTHMA INFORMATION**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone: Home \_\_\_\_\_  
Work \_\_\_\_\_

Physician managing asthma \_\_\_\_\_ Telephone \_\_\_\_\_

1. Briefly describe your child's asthma symptoms. \_\_\_\_\_  
\_\_\_\_\_

2. Identify the things that start an asthma episode (Check all that apply to your child)

<input type="checkbox"/> Animals	<input type="checkbox"/> Molds	<input type="checkbox"/> Pollens: specify what seasons _____
<input type="checkbox"/> Exercise	<input type="checkbox"/> Dust Mites	_____
<input type="checkbox"/> Change in Temperature	<input type="checkbox"/> Respiratory Illness	<input type="checkbox"/> Strong Odors/Fumes _____
		<input type="checkbox"/> Other (specify) _____

3. Does your child follow a daily asthma medication regimen? Yes \_\_\_\_\_ No \_\_\_\_\_

4. If yes please describe (include peak flow monitoring, oral and inhaled medications) \_\_\_\_\_  
\_\_\_\_\_

5. List any restrictions, environmental control measures, allergy injections, &/or pre-medications that your child receives/needs to prevent an asthma episode. \_\_\_\_\_  
\_\_\_\_\_

6. How do you treat a mild episode? \_\_\_\_\_  
\_\_\_\_\_

7. How do you treat a more serious episode? \_\_\_\_\_  
\_\_\_\_\_

8. Has the doctor provided you with an Asthma Action Plan for you child? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please send a copy to the school nurse.

9. Do you do peak flow monitoring with your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your child's personal best peak flow number? \_\_\_\_\_

10. Does your child use a spacer when using an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please include a spacer when sending an inhaler to school.

11. Does your child understand asthma and his/her management of asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Do you give permission for your child's doctor and the school nurse to talk with each other if necessary about your child's asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_