



SEAMAN USD #345 ASTHMA INFORMATION FROM PARENT REQUEST

Dear Parent,

On your child's health history you noted that he/she has asthma. As the school nurse for your child's school, the following information would be helpful in determining any special needs for your child's asthma, as we want to ensure effective treatment delivery and safety for your child while at school. Please complete the following information and return to me at the school.

Emergency Contact Information:

Student Name: _____ DOB: _____

School Name: _____ Grade: _____

Teacher: _____

Parent/Guardian:

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Physician: _____ Phone: _____

1. List all medications your child takes for asthma:

2. About how many school days did your child miss due to asthma last school year?

___ < 5 ___ 5-10 ___ 10 -20 ___ 20-30 ___ 30 or more

3. Has your child had any hospitalization(s) for asthma in the last 12 months?

___ yes ___ no

4. How often does your child wheeze or cough?

___ times per week ___ times per month

5. Does your child have nighttime coughing or wheezing? ___ yes ___ no

If yes, how often? ___ times per week ___ times per month

6. What symptoms does your child usually have during as asthma attack (episode)?

7. What seems to trigger your child's asthma?

Identify the thing(s), which start an asthma episode. (Mark all that apply).

- Exercise Strong odors or fumes Molds Animals
 Respiratory Infection Chalk Dust Foods Pollens
 Change in temperature Carpet in room Other

8. What does your child do at home to relieve breathing difficulties during an asthma episode?

- Drinks/Liquid Rest/Relaxation Medications

9. Does your child use a spacer device when using a meter-dose inhaler?

___ yes ___ no

10. Would you like additional asthma educational information?

___ yes ___ no

Parent Signature: _____ Date: _____

Thank you for your cooperation in completing this information.

Healthfully,

School Nurse