



# Asthma History

Please answer each question *only* if your child has been diagnosed with Asthma

1. Has your child been diagnosed with Asthma *By a Physician*?

Yes                      No

2. What year was your child first diagnosed with Asthma? \_\_\_\_\_

3. Has your child ever been hospitalized for Asthma?

Yes                      No

4. Has your child ever been to the Emergency Room for Asthma?

Yes                      No                      When? \_\_\_\_\_

5. Does your child have an Asthma Action Plan written by a Physician or Nurse Practitioner?

Yes\*                      No

\*Please provide a copy of your child's Asthma Action Plan to your child's School Nurse.

6. Do you use the Asthma Action Plan provided to you?

Yes                      No

7. Does your child check his/her Peak – Flow levels?

Yes                      No

Please list ALL medications your child takes for Asthma:

Daily Maintenance

Maintenance Inhaler

Rescue (fast-acting) inhaler

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child have an inhaler at school?

Yes\*\*                      No

\*\*If your child will have an inhaler at school, you must complete the medication administration section of this form. If your child is to carry the inhaler with them, a separate Self-Administration form must be completed and on file in the health room. **ALL** inhalers must be accompanied by a prescription label. **NO EXCEPTIONS!!**

## Medication Administration:

I request a nurse or designated school staff member to give: \_\_\_\_\_  
(Student Name)

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

Prescription Number: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_

Dosage: (number of puffs) \_\_\_\_\_

Route: *Inhalation*

Time of Administration: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*Parents/Guardians must bring all medication to school and must pick it up. No medication will be sent home with a child!*