

Student Asthma Data Form

This form may help parents communicate important information to school staff about your child's asthma. Consider taking this form to your family physician, pharmacist or asthma educator to complete. Give your child's teacher a copy.

Name Class/Grade:			
Name _	· · · · · · · · · · · · · · · · · · ·	Phone (H)	(W)
Name _		Phone (H)	(W)
Family	physician:		
Name		Phone	
□ anima□ fumes	al Asthma Triggers (check al l dander □ respiratory □ dust mites □ respiratory □ dust mites □ d	l that apply): infections □ pollen □ chalk dust	□ mould □ temperature changes
Please I	persistent or troublesome of wheezing asthma symptoms during of complaints of chest tightne having to use reliever inhal tired in class	cough or following exercise ss or shortness of breath	warning signs and symptoms:
Emergency treatment: medication name		dose	when to use
Call 911	if·		
	reliever medication not help	oing	
	difficulty talking	3	
	struggling to breathe		
	lips or fingernails are blue		
	pale or sweaty skin		
*****	*********	*******	************
For all i	nhaled medications:		
I have ob take their	eserved inhaler properly. Inhaler techniqu	_'s inhaler technique and it is m ue will need to be reviewed on a	y professional opinion that he/she is able to yearly basis.
Signature			Date

Physician, Pharmacist or Asthma Educator