

## SCHOOL ASTHMA RECORD

**CHILD'S NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT'S NAME** \_\_\_\_\_ **PHONE (HOME)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE (WORK)** \_\_\_\_\_

**PHYSICIAN TREATING CHILD'S ASTHMA** \_\_\_\_\_ **PHONE** \_\_\_\_\_

1. Briefly describe what causes the child's symptoms.
2. Does he/she do breathing exercises that are helpful in managing the asthma?
3. In which sports can the child fully participate?
4. Does exercise induce episodes of asthma? If so, what types of exercises?
5. Do certain weather conditions affect your child's asthma? If so, list them.
6. Name the medications taken routinely, the dose, how often taken, when, and under what circumstances additional doses should be given.
7. Does your child suffer any side effects to these medications? If so, list them.
8. Does your child understand asthma and what he/she should do to manage it?
9. How do you want the school to treat an episode of asthma if it should occur?
10. Approximately how often does the child have an acute episode?
11. If the child does not respond to medication, what action does the parent/guardian advise the school personnel to take?

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_