



Empower each child to design the future.

Dear Parent,

According to your child's health record, he/she has a history of asthma. Please complete the information below and return it to the school nurse. Thank you.

Child's Name: _____

Physician: _____ **Phone:** _____

What medication is your child currently taking?

ASTHMA HISTORY

- _____ Is there a smoker in any home where the child regularly visits?
- _____ What is the number of ER visits for asthma in the last 12 months?
- _____ What is the number of hospital admissions for asthma in the last 12 months?
- _____ What is the number of urgent doctor visits for asthma in the last 12 months?
- _____ What is the number of oral steroid pulses in the last 12 months?
- _____ How many times was rescue medicine (example, Albuterol) used in the last week?
- _____ How many days was your child absent from school in the last 3 months, which were related to asthma?
- _____ How many coughing episodes per day in a one-month period does your child have?
- _____ How many night awakenings did your child have in the last month?
- _____ How many times was your child unable to participate in gym in the last three months?

Comments and special instructions (asthma triggers, activity restrictions, etc.)

Parent signature

Date