

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 _____

Birth Date _____ **Class/Grade:** _____

Parent or guardian:

Name _____ Phone (H) _____ (W) _____

Name _____ Phone (H) _____ (W) _____

Family physician:

Name _____ Phone _____

Personal Asthma Triggers (check all that apply):

- animal dander respiratory infections pollen mould
- fumes / odors dust mites chalk dust temperature changes
- other: _____

Please notify the parent when you observe the following early warning signs and symptoms:

- persistent or troublesome cough
- wheezing
- asthma symptoms during or following exercise
- complaints of chest tightness or shortness of breath
- having to use reliever inhaler more than twice a week
- tired in class
- other _____

Emergency treatment:

medication name	dose	when to use

Call 911 if:

- reliever medication not helping
- difficulty talking
- struggling to breathe
- lips or fingernails are blue
- pale or sweaty skin

For all inhaled medications:

I have observed _____'s inhaler technique and it is my professional opinion that he/she is able to take their inhaler properly. Inhaler technique will need to be reviewed on a yearly basis.

Signature _____ Date _____
Physician, Pharmacist or Asthma Educator