

## **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 Da	te		Class/Grade:			
Parent o	r guardian:					
Name			Phone (H)	(W)		
Name			Phone (H)	(W)		
Family p	hysician:					
Name			Phone			
<ul><li>□ animal</li><li>□ fumes</li></ul>	I Asthma Trigge dander   / odors	respiratory infedust mites	at apply): ctions □ pollen □ chalk dust	□ mould □ temperatu	ure changes	
Please n	persistent or tro wheezing asthma sympto complaints of c having to use r tired in class	oublesome coug oms during or fo hest tightness o eliever inhaler n	erve the following earl gh llowing exercise or shortness of breath nore than twice a week		nd symptoms:	
Emergency treatment: medication name			dose	whe	when to use	
Call 911	if:					
		ition not helping				
	difficulty talking	I				
	struggling to br	eathe				
	lips or fingerna	ils are blue				
	pale or sweaty	skin				
	****************** nhaled medicatio		********	********	*******	
I have obs take their	served inhaler properly. Inl	's in aler technique w	nhaler technique and it is r ill need to be reviewed on	ny professional opinio a yearly basis.	n that he/she is able to	
Signature	e Physician, Pharm	nacist or Asthma I	Educator	Date		