



ASTHMA INFORMATION FORM

Student's Name _____

Gender M F Age _____ Date of birth ____/____/____ Grade _____ School _____

Emergency Contact _____ Relationship _____

Phone: (H) _____ (W) _____ (M) _____

Doctor's Name _____ Phone _____

Does this student have any other health plans at school? Yes No If so what are they? _____

Please complete the information below to give the school a better understanding of your child's asthma history. If you child receives an Asthma treatment before school please notify the health office.

Asthma History

Usual signs of student's asthma	What triggers the student's asthma?	How severe is student's asthma?
<input type="checkbox"/> Wheeze <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Other (please describe) _____ _____ _____ _____	<input type="checkbox"/> Exercise (Refer to managing EIA below) <input type="checkbox"/> Colds/Viruses <input type="checkbox"/> Pollens <input type="checkbox"/> Dust <input type="checkbox"/> Other (please describe) _____ _____ _____ _____	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Exercise induces

Managing Exercise Induced Asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their Quick Relief Inhaler 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, and follow the Emergency Asthma Action Plan.
3. If the symptoms improve, they may resume activity.
4. If their symptoms reoccur, THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES and the parent should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

Does the student need assistance taking their medication? Yes No f yes, how? _____

Asthma medication taken at home: _____



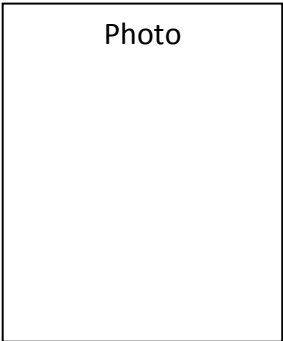
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EMERGENCY ASTHMA ACTION PLAN

Student Name: _____ DOB: _____

Parents Name: _____ Emergency # _____

Physician: _____ Physician# _____



If you see the following symptoms:		Take the following actions:
<ul style="list-style-type: none"> Breathing is easy < 24 respirations/minute No coughing or wheezing No shortness of breath No tightness in chest Can work, play and talk easily 		<p>Step 1: Student is not in distress, no action is required.</p> <p>Step 2: Send back to class and tell student to return to health office if symptoms return.</p> <p>Take QUICK-RELIEF medication: (MD must complete medical authorization form, indicate medication and # of puffs on line below)</p> <p><input type="checkbox"/> Before exercise: /PE _____</p>
<ul style="list-style-type: none"> Coughing Wheezing Shortness of breath Difficulty speaking Tightness in chest Respirations >24/minute 		<p>STEP 1: Give QUICK-RELIEF medication (Indicate medication and number of puffs on line below)</p> <p>_____</p> <p>STEP 2: Monitor symptoms:</p> <p><input type="checkbox"/> If symptoms GO AWAY quickly, return to the green zone.</p> <p><input type="checkbox"/> If symptoms CONTINUE for > 15 minutes proceed to red zone</p>
<ul style="list-style-type: none"> Medication not helping Breathing is very difficult Cannot walk Cannot talk easily Lips are blue Using neck muscles to breath 		<p>Step 1: Take an additional dose of QUICK RELIEF medication (indicate how many puffs on line below)</p> <p>_____</p> <p>Step 2: Notify Parents immediately</p> <p>Asthma symptoms can get worse quickly. If student's lips are blue, using neck muscles to breath and/or cannot talk call 911 Immediately.</p>

Parent Signature: _____

Date: _____

Physician Signature: _____

Date: _____