

Helpful Information Concerning Your Child's Asthma, Reactive Airway Disease, or Shortness of Breath

Dear Parents:

The following information will help the health office and your child's teacher understand your child's needs throughout the day. Please answer the questions below and do not hesitate to call the school for any problems or concerns. Thank you for your co-operation and for taking the time to provide us with this information.

Name of Student: _____ Grade: _____

1. How long has your child had asthma or any symptoms? _____
2. Please rate the severity of your child's symptoms:
Mild _____ Moderate _____ Severe _____
3. What triggers your child's symptoms?
Cold weather _____ Humid weather _____ Dry heated air _____
Exercise _____ Chemical odors _____ Dust _____ Chalk dust _____
Fatigue _____ Illness _____ Pollen count _____
Other (please explain) _____
4. What does your child usually do at home to relieve symptoms?
Rest _____ Drink liquids _____ Use inhaler _____
Nebulizer treatment _____ Oral Medication _____
Breathing exercises _____ Other(explain) _____
5. Please list the medications your child takes daily both at home and during school hours (everyday and as needed) to prevent or relieve symptoms:
At home _____
In school _____
6. Does your child understand his/her triggers, symptoms?
Yes _____ No _____
7. Does your child understand how to use the inhaler? Nebulizer?
Yes _____ No _____ Needs assistance _____ Yes _____ No _____
8. Does your child use a peak flow meter? Yes _____ No _____
If yes, what is your child's baseline peak flow? _____
9. Is there any other information that may be helpful?
