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ALLERGY/ASTHMA CARE FORM

NAME _____ GRADE _____

Parent contact _____ phone _____

Emergency person other than parent _____ PHONE _____

DOCTOR _____ PHONE _____

LIST BREATHING PROBLEMS (IE ALLERGIC TO TREES, ASTHMA)

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

LIST THINGS THAT CAN CAUSE BREATHING PROBLEMS (IE DUST)

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

MEDICATIONS THE CHILD IS ON AT HOME OR DURING SCHOOL HRS

1 _____

2 _____

3 _____

PARENT SIGNATURE _____

(PLEASE USE THE OTHER SIDE FOR ANY SPECIAL INSTRUCTIONS)