



To the parent/guardian of \_\_\_\_\_ Grade: \_\_\_\_\_

You have indicated on school records that your student currently has **asthma**. It is important to have at least annual health information when s/he needs help at school. **Please complete this form and return to the school nurse as soon as possible** so that a plan to help your child can be shared with identified school personnel. It is the responsibility of parents to provide necessary medication needed at school. If you have any questions please contact the school nurse

How often do asthma attacks occur? \_\_\_\_\_

Has the student been hospitalized for asthma within the past year? No\_\_ Yes\_\_ When\_\_\_\_\_

**CHECK THE CONDITIONS THAT USUALLY BRING ON THIS STUDENT'S ASTHMA ATTACK:**

\_\_\_\_\_ respiratory infections \_\_\_\_\_ exposure to cold air \_\_\_\_\_ emotional stress  
\_\_\_\_\_ odors (describe) \_\_\_\_\_  
\_\_\_\_\_ exercise \_\_\_\_\_ allergic reaction to \_\_\_\_\_  
\_\_\_\_\_ other \_\_\_\_\_

**CHECK THE SIGNS THAT ARE USUALLY PRESENT WITH STUDENT'S ASTHMA ATTACK:**

\_\_\_\_\_ coughing \_\_\_\_\_ wheezing \_\_\_\_\_ shortness of breath \_\_\_\_\_ feeling frightened  
\_\_\_\_\_ bluish color of skin/nails \_\_\_\_\_ unable to speak in full sentences without taking a breath  
\_\_\_\_\_ other \_\_\_\_\_

Asthma is currently being treated by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

**ARE MEDICATIONS NEEDED TO CONTROL THE ASTHMA?** \_\_\_\_ NO \_\_\_\_ YES (list below)

| MEDICATION | DOSE | TIME |
|------------|------|------|
|            |      |      |
|            |      |      |
|            |      |      |

**PARENTAL CONSENT:** By signing this form, I consent to the sharing of this information with appropriate district staff (this includes but is not limited to administrators, teachers, support staff, bus drivers, food service staff, custodians, coaches and substitute employees). Grant permission for the school nurse to confer with the doctor regarding health and treatment issues as they pertain to the above medications and or diagnosis as related to his/her educational and behavior management needs; **The North White School Corporation shall not be held liable for any harm caused by inaccurate reporting by legal guardian or Licensed Physician on this form.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REMEMBER TO ADVISE THE SCHOOL IMMEDIATELY OF CHANGES IN PHONE NUMBERS, ADDRESS, OR RESPONSIBLE EMERGENCY CONTACT PERSONS**