



St. Brigid of Kildare

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Parent/Guardian Information on Child's Asthma

Please return the completed form to the school clinic

Student's Name	Birthdate	Teacher	Grade	School Year
Name of Health Care Provider Managing Child's Asthma			Phone Number	
Parent/Guardian Signature			Date	

- Please elaborate on the usual causes of your child's asthma symptoms.
 - Allergic reaction (list types of allergies)
 - Exercise (list types)
 - Weather conditions (list types)
 - Other Please explain _____
- How often does your child experience problems with his/her asthma? _____
 - When was his/her last asthma attack? _____
 - How was it treated? _____
- Please state the number of times your child has had to seek health care because of asthma attack. _____
- Please list the medications your child usually takes to treat and/or prevent an asthma attack, any side effects your child has had, and when the medications need to be taken.

<u>Medication</u>	<u>When taken</u>	<u>Noted side effects</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
- Will your child require any of these medications at school to treat his/her asthma? Yes No (please list) _____
- Please list limitations and other suggestions you have for us to help manage your child's asthma at school? _____
- Please list the after school activities your child is planning on participating in this school year (clubs and/or sports activities). _____

If your child will require an inhaler at school to be either self-carried or kept in the clinic, please complete our Asthma Action Plan and Orders form, and indicate if the child can self-carry. The form can be found on the St. Brigid web page.