Asthma Questionnaire and Plan

Student: _____DOB: _____ Valid for School Year: _____

Please complete and return this form with your students' asthma information so staff can plan effectively for their care while at school. Please note that if your student is participating in activities before and after school, including after school care, extracurricular activities, athletics or camps, it is imperative that you inform the supervising adults of your student's medical needs.

An *Over the Counter/ Short Term Medication at School* form (HRS 29C) is required for albuterol at school. Please see school for form.

How often did the student have an asthma attack in the past year? _____
Has hospitalization been needed in the past year for their asthma? Yes_____ No _____
Does the student have a peak flow meter? Yes _____ No _____ Best flow rate: _____

What triggers your student's asthma? (check all that apply)

- ☐ Pollen
- ☐ Mold
- ☐ Dust
- ☐ Feathers
- ☐ Animal dander
- ☐ Perfume
- ☐ Air pollution
- ☐ Smoke
- ☐ Emotional stress
- ☐ Respiratory infections
- ☐ Cold, damp air
- ☐ Weather changes
- ☐ Vigorous exercise
- ☐ Food (specify) _____
- ☐ Other (specify) _____

What are your students' symptoms? (check all that apply)

- ☐ Coughing
- ☐ Wheezing
- ☐ Chest tightness
- ☐ Anxiety/ restlessness
- ☐ Difficulty breathing/ short of breath
- ☐ Other (specify)_____

Asthma Action Plan: (check all that apply)

- ☐ My student is aware of the signs and symptoms of an asthma attack and knows how to tell an adult.
- ☐ They usually state they feel: _____
- ☐ My student will leave their emergency medications in the school clinic. (see school for form)
- ☐ My student will self-carry and self-administer their emergency medication. (see school for form)
- ☐ My student has been prescribed a spacer to use with inhaled medication.
- ☐ My student has been given a specific Asthma Action Plan from their physician. (please provide copy to school)

***School stock albuterol can be given in emergency situations. Staff will call parent/ guardian and/or 911 when albuterol is given. ***

As parent/ guardian of the above-named student, I understand it is the responsibility of the parents to notify the school of changes in health conditions. I give permission to share this information with staff on a need-to-know basis. I give consent to exchange medical information with the student's physician as needed.

Signature of Parent/ Guardian: _____ Date: _____

Print Name: _____Phone: _____

Physician Name: _____Phone: _____

School Nurse Signature: _____Date: _____