



Parent/Guardian Information on Child's Asthma

Dublin City Schools is committed to providing a safe and healthy learning environment for all students so they can participate fully in school activities. In order to do so, the following asthma information will be helpful for the school nurse to develop and/or update a school health care plan for your child as applicable.

Please return the completed form to the school clinic.

| | | | | |
|--|-----------|--------|--------------|-------------|
| Student's Name | Birthdate | School | 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? _____
 - a. When was his/her last asthma attack? _____
 - b. 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 either form 5330 F2, *Request for Student to Carry and Administer Own Prescription Medication by Inhaler* or form 5330 F1, *Request for Administration of Prescription and Nonprescription Medication by School Personnel*, and return to the school clinic. Forms are available on the district's website and in the school clinic.