

To Parents:

We are glad to complete the forms for your child for school and/ or daycare. Many children see an allergist or pulmonologist, or have been seen in urgent care for asthma, and there can be a delay before that information is sent to us.

For the safety of your child, please complete the below information so we may be certain that the requested forms have the most updated and accurate information.

Thank you.

Please circle Y(es) or N(o) for the following asthma triggers:

Weather changes	Y	N	Pollen	Y	N
Colds/ infections	Y	N	Dust	Y	N
Heat	Y	N	Mold	Y	N
Exercise	Y	N	Dog	Y	N
Strong Odor	Y	N	Cat	Y	N
Smoke	Y	N	Acid Reflux	Y	N

Please circle Y(es) or N(o) for the following symptoms during an asthma attack:

Cough	Y	N	Wheezing	Y	N
Shortness of breath	Y	N	Tired/ weak	Y	N
Chest tightness	Y	N	Other _____		

List all asthma medicines with doses:

Does your child need to carry the inhaler at all times?	Y	N
Or can the inhaler be kept with the nurse (preferred)	Y	N
Can your child self-administer the inhaler?	Y	N
Or does your child need supervision to use the inhaler?	Y	N
Does your child need the inhaler on the bus?	Y	N

Child's name _____

Date of Birth _____

Parent's signature _____

Today's Date _____