Asthma Parent Questionnaire

Date: _____

Student: _____ DOB: _____ Grade: _____

Teachers: _____

Parent/Guardian Name: _____ Email: _____

Parent Phone: _____ Emergency Phone: _____

Your child's Blue Emergency Card indicates that your child has asthma. So that we may provide better care for your child, please answer the questions below as completely as possible.

At what age was your child's asthma diagnosed? _____

Physician that treats your child's asthma: _____

When was the last time the doctor was seen for asthma care? _____

How severe is your child's asthma? □ Mild □ Moderate □ Severe

What are your child's usual symptoms during asthma attack?

- Tightness in chest
- Shortness of breath
- Cough
- Wheezing
- Other (please describe):

What triggers your child's asthma?

- Exercise
- Illness
- Allergies
- Stress
- Cold
- Smoke (is your child around anyone that smokes? Yes / No
- Other

- How often does this occur? _____
- What medications is your child currently using to control or treat asthma symptoms?

Name of Medicine	What is the dose?	When is it used?

- Does your child know when he/she needs medicine? Yes No
- If your child uses an inhaler, is a spacer used? Yes No
- **Does your child need medication at school?** Yes No
  - If yes, a *Medication Authorization Form* must be completed and returned to the school clinic with the medication. The Medication Authorization form can be found on our

website or in the school clinic and will need to be filled out yearly. The medication must be in the original labeled container. Inhalers must have a prescription label. The RN may also determine that an Emergency Action Plan needs to be completed in order to provide safe care of your child while at school.

- Has your child had asthma education? Yes No Not sure

Please add any additional information that you would like for school personnel to know about your child's asthma.

Parent's Signature: _____ Date: _____

Print Name: _____