NAVASOTA ISD
ASTHMA INFORMATION

Student's Name_____ Grade____ Teacher_____

Parent/Guardian Name_____

Home Phone_____ Cell/Work Phone_____

Emergency Contact_____ Phone_____

Physician's Name_____ Phone_____

When was the student's last asthma attack?_____
How often does the student have asthma attacks?_____
Has this student ever been hospitalized with asthma?_____
What triggers the student's asthma attacks (allergies, exercise, etc)?_____
_____
Describe the student's asthma attacks - Do they wheeze? Do they cough? Do they become short of breath? Do they complain of chest pain?_____
_____

_____

Asthma medications the student uses (if any):

Name Dosage Frequency

_____
_____
_____
Medication side effects:_____
Is a peak flow meter used?_____
Treatment instructions for the school nurse:_____
_____
_____

I consent to the release and/or exchange of asthma related information between the school nurse and my child's physician.

_____
_____
Parent Signature Date

Revised 05/2015