

Saint Thomas Academy Asthma Questionnaire

Student Information:

Student: _____ School: _____

Date of Birth: _____ Grade: _____

Contacts:

Parent/Guardian: _____ Home phone: _____

Work phone: _____ Cell/Pager: _____

Physician/Clinic: _____ Phone: _____

Medications:

			Home	School
Name: _____	Dose: _____	Time: _____	_____	_____

Name: _____	Dose: _____	Time: _____	_____	_____
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Name: _____	Dose: _____	Time: _____	_____	_____
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Allergies: _____**Triggers:** (Check if applicable for your child)

Illness stress cold air smoke dust exercise
 Other _____

Severity of asthma (Circle): Not severe 1 2 3 4 5 Severe

Peak Flow Meter reading personal best: _____

Days missed from school last year due to asthma: _____

Times treated in emergency room in past year due to asthma: _____

Plan of Action:

Red Zone (acute episodes): _____

Peak flow reading: _____ to _____

Yellow Zone (mild episodes): _____

Peak flow reading: _____ to _____

Green Zone (good control): _____

Peak flow reading: _____ to _____

Special considerations while at school: (explain)

Special considerations for field trips:

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- ✓ I give the Licensed School Nurse permission to consult (both verbally and in writing) with the above named student's physician regarding any questions that arise about the medical condition and/or medication/treatments/procedures being used to treat the condition. _____ Yes _____ No

 - ✓ Student is authorized to carry medication in a metered dose inhaler and self-administer. _____ Yes _____ No

Parent Signature: _____

LSN USE ONLY

Completed assessment of student's knowledge and skills to safely use and possess an inhaler in the school setting. Date: _____ Signature: _____

- The school district intends to use the requested information to provide for your child's health and safety needs while at school.
- You may refuse to supply the requested personal information.
- There will be no consequence for not providing the information. It may result in an incomplete health and safety plan for your child.
- The information you provide will be shared only with staff in the school district whose job require access to this information to ensure your child's safety and school success.

(MS Section 13.04, Subdivision 2)