

PLEASE READ

If medications are to be given during school hours, a medication permission slip must be filled out yearly. Medication must be in the original labeled container. If your child has your permission to carry an inhaler, permission must be specified in writing. If this form is not on file, a medication form is attached for your convenience.

If your child has an asthma attack and symptoms do not improve with medication, we will notify you and advise you of our observations. If we are unable to reach you and need a physician's advice, we will contact the physician you have listed on this form or on your child's emergency form. 911 will be called if necessary.

5 How many times had your child been hospitalized overnight as a result of asthma in the past year? _____

6 How many times has your child been treated because of asthma in the emergency room in the past year? _____

7 How many days of school were missed due to asthma? _____

8 Does your child need any special consideration at school, related to asthma, in the following areas? Please give necessary details:

____ Gym class _____

____ Outdoor recess _____

____ Avoidance of animals in school _____

____ Keep medication at school _____

____ Take medication on field trips _____

____ Medication for athletic activities _____

____ Other _____

9 Does your child hold himself/herself back from participating in certain activities due to asthma? Please give details _____

This information is confidential

Additional comments