

Benton Elementary
Ph: 574-831-2192 Fax: 574-831-2200

Fairfield Community Schools Health Services

Millersburg Elem. & Middle
Ph: 574-642-3074 Fax: 574-642-3918

Fairfield Jr-Sr High
Ph: 574-831-2184 Fax: 574-831-2187

67240 C.R. 31 Goshen, IN 46528

New Paris Elementary
Ph: 574-831-2196 Fax: 574-831-3160

ASTHMA PARENT INFORMATION FORM 2020-2021

You have indicated on school records that your child, _____ Grade _____ has a history of Asthma. It is important to have a health information update annually should your child need help at school. **Please answer in detail the following questions and return these forms to Health Services by the next school day. Please use the back of this form for additional information or special instructions. If you have questions or concerns, please contact the school nurse.**

1. Please identify the things that trigger an asthma attack. (Check all that apply, and explain in space given below)

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Exercise (Please Describe) | <input type="checkbox"/> Respiratory infections |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Food | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Pollens or molds | <input type="checkbox"/> Strong odors or fumes |
| <input type="checkbox"/> Other _____ | | |

2. Please explain all checked boxes: _____

3. Describe what usually happens during an asthma attack:

4. Is your child aware of what is happening when an attack occurs? Yes _____ No _____

5. How often does your child have an Asthma attack?

6. When was your child's most recent Asthma attack?

7. Date of your child's last appointment with their Health Care Provider for asthma?

8. During the past year, has your child's asthma stopped him/her from participating in sports, recess, PE or other school activities? ___ No ___ Yes If yes, please describe:

PLEASE NOTE: If your child needs modifications for PE class, a note from your child's Health Care Provider is required specifying the necessary modifications.

9. What medications does your child take to control Asthma?

Name of Medication	Amount	Time of day taken
1.		
2.		

ASTHMA PARENT INFORMATION UPDATE (Continued)
2020-2021

Student's Name _____ Grade _____

10. What medication does your child take to treat an Asthma attack?

Name of Medication	Amount	Frequency	
1.			
2.			

11. Does your child use an inhaler? Yes _____ No _____

If yes, number of times per week is inhaler used?

12. Will your child carry an inhaler during the school day and to school-related activities? Yes _____ No _____

*****NOTE******If your child will carry an inhaler, the state law requires that a form signed by a Health Care Provider must be on file in the school.* This form is enclosed and needs to be completed, signed and returned to the office by the 1st day of school; or if school is in session, please return it the next school day if possible. Parents and Students must also sign an authorization form (provided after the Health Care Provider Authorization is returned.) As with all prescription medications, your child must supply their own inhaler or nebulizer. It is recommended additional medication be kept in the clinic in the event your child fails to self-carry the medication.

13. If your child experiences an asthma attack, they will come to the office where they can be closely monitored and treated. If your child is not better after using their rescue medications, you will be contacted, and 911 may be called.

Please list daytime phone numbers where you can be reached.

Parent Name: _____ Parent Phone Number: _____

Other Emergency Contact/Relationship _____ Phone Number: _____

Other Emergency Contact/Relationship _____ Phone Number: _____

I certify that the above information is complete and accurate. I give permission for this information to be released to necessary staff at my child's school. This information will be kept confidential, but may be used to assess the need for treatment in the event of a medical problem. I agree to notify the nurse immediately of any changes in my child's condition or medications, or in changes of emergency phone numbers. If the Asthma Parent Information Update form for the current year is not signed by the parent and/or provided to the school, the most recent update available will be followed until the school receives an updated form.

 Parent/Guardian Signature

 Date Signed