



7. If your child does not respond to medication, what action do you advise school personnel to take?  
\_\_\_\_\_
8. What, if any, side effects does your child have from his/her medications? \_\_\_\_\_  
\_\_\_\_\_
9. Has your child been taught how to use an extension tube, pulmonary aid, inspirease kit or other device with his/her inhaler? Yes  No
10. How many times has your child been hospitalized overnight or longer for asthma in the past year? \_\_\_\_\_
11. How many times has your child been treated in the emergency room for asthma in the past year? \_\_\_\_\_
12. How often does your child see his/her doctor for routine asthma evaluations? \_\_\_\_\_
13. Does your child need any special considerations related to his/her asthma while at school? (Check any that apply and describe briefly.)
- a.  Modified gym class \_\_\_\_\_
  - b.  Modified recess outside \_\_\_\_\_
  - c.  No animal pets in classroom \_\_\_\_\_
  - d.  Avoiding certain foods \_\_\_\_\_
  - e.  Emotional or behavior concerns \_\_\_\_\_
  - f.  Special consideration while on field trips \_\_\_\_\_
  - g.  Special transportation to and from school \_\_\_\_\_
  - h.  Observation for side effects from medication \_\_\_\_\_
  - i.  Other \_\_\_\_\_
14. Do you know what your child's baseline peak flow rate is? Yes  No  Rate \_\_\_\_\_
15. Do you think your child holds him/herself back from participating in all activities at school because of his/her asthma? If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Have you ever attended an asthma education class? Yes  No
17. Has your child had asthma education? Yes  No

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
School Nurse

**Thank you for your time and assistance in assessing your child's health needs in school.**