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| St. Patrick Interparish Catholic School  550 NE 16th Avenue Gainesville, FL 32601  352.376.9878 FAX: 352.371.6177 | | | **ASTHMA**  **QUESTIONNAIRE** | |
| Student Name |  | | | Grade: |
| Date of Birth |  | | | Allergies: |
| Parent(s)/Guardian(s) |  | | | |
| Phone |  | | | |
| ***Please answer the following questions:*** | | | | |
| What is your child’s medical diagnosis? | |  | | |
| What medications, treatments, etc. have been prescribed? | |  | | |
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| What triggers an asthmatic reaction in your child? | |  | | |
|  | | |
| How do you manage your child’s asthma at home? | |  | | |
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| Provide history of this condition. When was condition first noticed? How often does student experience symptoms? Etc. | |  | | |
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|  | | |
| Is there anything else we need to know? | |  | | |
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|  | | |
| How do you want us to manage your child if he/she has an asthma attack during school? | |  | | |
|  | | |
| Forms needed for children with asthma that may require medications/treatment while at school:   * **Parental Authorization for Student to Self-Medicate Via Prescription Inhaler** . * **Physician’s Authorization for Self-Administration of Inhaler by Student at School** , which *needs to be completed and signed by MD.* * **Medication Authorization Form** * **Release and liability form** | | | | |
| To provide the safest situation for your child, we would like to have a set of medications closest to the child at all times – please consider sending in a set of medications for the following areas. If your child’s condition can be managed in the health clinic, we will only need one set of medications.   * The classroom * Health Clinic * After-care (if utilized). * Send medications and forms listed above to the RN office.   An individual Asthma Plan will be created for your child upon receipt of the above items.  Your child’s teacher and assistant will be educated in recognition and treatment of symptoms. | | | | |
| If you have any questions, please contact the school nurse (352) 376-9878 | | | | |