

LEICESTER PUBLIC SCHOOLS  
HEALTH OFFICE  
**SCHOOL ASTHMA RECORD**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician and Phone: \_\_\_\_\_

1. Briefly describe the child's asthma symptoms:
2. Is the child able to participate fully in sports? \_\_\_\_\_
3. Do certain weather conditions affect your child's asthma? Explain.
4. Does exercise induce episodes of asthma? If so, explain.
5. Describe daily medication regimen:
6. Does child suffer any side effects from these medications?
7. How do you treat a mild episode ("attack")?
8. How do you treat a more acute episode?
9. How frequently does your child have an acute episode?
10. Can your child administer heir own Inhaler if on a field trip? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Please outline what you would like done if your child experiences a mild/acute asthma episode at school.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_