



**GARLAND INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES**

**Health Update Information
Asthma**

To the Parents of:

Date _____
ID# _____
DOB _____
Gr/Tcr _____

Parent(s) Name: _____ Home Phone _____
_____ Work Phone _____
_____ Cell Phone _____

Physician's Name _____ Office Phone _____

How old was your child when first diagnosed with asthma? _____

How often does your child have an asthma episode? _____

What is the first indication that your child's asthma is causing a problem? _____

What triggers your child's asthma? _____

When was the last time that an asthma episode caused you to take your child to the doctor? _____
to the emergency room? _____ to be hospitalized? _____

List the names of medications taken **daily** for asthma including dosage and frequency: _____

List the names of medications taken **as needed** for asthma including dosage and frequency: _____

Side effects of medication: _____

Does your child use a peak flow meter? _____ What is the best reading? _____

What helps your child other than medication if an asthma attack occurs? _____

Does your child need to take asthma medication at school (even if only on an as needed basis)? Yes No
If yes, a properly labeled prescription container and written parent permission are required. An asthma action plan completed by your physician is very helpful to the school nurse. Forms are available from the school nurse.

Is there anything else you would like for the school nurse to know about your child's asthma? _____

**PLEASE CONSIDER KEEPING AN INHALER AT SCHOOL FOR YOUR CHILD
PLEASE RETURN TO SCHOOL NURSE**