

Does Your Child Have Asthma OR use Puffers/Inhalers?

If your child has asthma or uses an inhaler please **fill in this form and return it to the office.**
You may be contacted for more information.

My child _____ **has asthma and is in** _____ **class.**
(Full Name) (Teacher's Name)

My child needs an inhaler at school (please circle) **YES NO** (if NO go to SIGNS box below)

If YES: This inhaler is Blue (Ventolin) 1 puff 2 puffs
 Purple (Advair) 1 puff 2 puffs
 Orange (Flovent) 1 puff 2 puffs
 Other _____

- My child carries their inhaler with them at school.
- I would like my child's inhaler to be kept with the teacher
- I would like my child's inhaler to be kept in the office

My child can use the inhaler by herself/himself (please circle) **YES NO**
My child needs help to take her/his inhaler (please circle) **YES NO**

SIGNS that my child is having trouble with asthma include:

- cough wheeze shortness of breath tight chest
- other (please specify) _____

Things that are known to make my child's asthma worse include:

- Colds/viral infections Animals Chalk Dust Strong Smells
- Exercise: (A **reliever inhaler (usually blue)** should be available to use 10-15 minutes *before* exercise)
- Weather (e.g. hot, cold, humid): _____
- Allergies (please specify): _____
- Other: (please specify): _____

EMERGENCY PLAN: Listed below are instructions for handling my child's asthma.

Parent/Guardian Signature: _____ **Date:** _____