

Asthma Information Form FOR FAMILIES TO COMPLETE

Student's name: _____

Birthdate: _____ **Grade for School Year 2024-2025:** _____

Parent/Guardian's name: _____

Parent/Guardian's Phone #: _____

- What year was your child diagnosed with asthma by a healthcare professional? _____
- When did your child *last* see a doctor about their asthma? _____
- What medication(s) (oral, inhalers, and/or nebulizers) does your child take for their asthma? _____

- Has your child ever been to the emergency room, hospital, or urgent care center for their asthma? Yes | No
 - If yes, when was the last time this happened and how long did they stay?

- Has your child ever needed to take oral steroid medication (liquid or pills) for an asthma attack/asthma exacerbation? Yes | No
 - If yes, when was the last time they needed steroid medication? _____

- During a typical school year, how often does your child miss school due to asthma-related concerns? _____

- Do you have any concerns about your child's asthma? Yes | No
 - If yes, please tell us more: _____

