

Student Asthma Information Sheet

Student Name: _____

Homeroom: _____

1. Describe the type of symptoms your child experiences during an asthma attack (e.g., wheezing, coughing, tightness, other):

2. What usually helps if an asthma attack occurs?

Medications your child takes: Name, dose, frequency:

3. Side effect of the medication that your child experiences:

4. Additional information/Instructions:

Number of times your child has had to be taken to an emergency facility for an acute attack of asthma in the past 12 months. _____

Please contact the Health Room Supervisor or Health Room Assistant if information on your child's condition changes during the school year. Thank you for your help and cooperation in providing the best care for your child.

Parent/Guardian Signature: _____

Student Asthma Inhaler Contract (In School Use)

Between Student, Parent, Health Room Supervisor/Assistant, and Principal

Student

For permission to carry inhalers:

	Please tick if it's applicable:	√
Student has demonstrated to the Health Room Supervisor/ Support the correct use of the inhaler		
Student agrees to never share the inhaler with another person.		
Student agrees to notify the teacher and Health Room Supervisor/Support if the inhaler goes missing.		
Student agrees that after taking the prescribed dose, if there is no marked improvement, he/she will go see the Health Room immediately.		

Student Signature _____

Parent/Guardian

I give permission for my child _____ to carry his/her inhaler in school. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

Name of Medication	Dose	Frequency of Use

Parent's Signature _____ Date: _____

Health Room Supervisor's Signature _____ Date: _____

Principal's Signature _____ Date: _____

Student Asthma Inhaler Contract (Field Trip Use Only)

Between Student, Parent, Health Room Supervisor/Assistant, and Principal

This contract allows students to carry inhalers on field trips when it cannot be confirmed that the teacher and student will always be together. This is to ensure that the student is able to take his/her inhaler when needed, especially in emergency situations. This does **not** mean that the student can carry the inhaler in school. This only refers to field trips when an inhaler might be needed.

Student

For permission to carry inhalers on field trips:

	Please tick if it's applicable: <input type="checkbox"/>
Student has demonstrated to the Health Room Supervisor/Support the correct use of the inhaler.	<input type="checkbox"/>
Student will get the inhaler from the teacher at the beginning and return to the teacher at the end of the field trip.	<input type="checkbox"/>
Student agrees to never share the inhaler with another person.	<input type="checkbox"/>
Student agrees to notify the teacher and Health Room Supervisor/Support if the inhaler goes missing.	<input type="checkbox"/>
Student agrees that after taking the prescribed dose, if there is no marked improvement, he/she will seek help immediately.	<input type="checkbox"/>

Student Signature _____

Parent/Guardian

I give permission for my child _____ to carry his/her inhaler on field trips only. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

Name of Medication	Dose	Frequency of Use

Parent's Signature _____ Date: _____

Health Room Supervisor's Signature _____ Date: _____

Principal's Signature _____ Date: _____