

# ASTHMA ALERT - \_\_\_\_\_

(Student Name & Grade)

If your child has asthma or uses an inhaler please fill in this form and return it to the office.

My child needs an inhaler at school:		
This inhaler is	<input type="checkbox"/> Blue (Ventolin)	1 puff      2 puffs
	<input type="checkbox"/> Purple (Advair)	1 puff      2 puffs
	<input type="checkbox"/> Orange (Flovent)	1 puff      2 puffs
	<input type="checkbox"/> Other _____	
<input type="checkbox"/> My child carries their inhaler with them at school (special bag to be attached to child).		
<input type="checkbox"/> 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 use her/his inhaler (please circle)	YES	NO
Signs that my child is having trouble with asthma include:		
<input type="checkbox"/> cough <input type="checkbox"/> wheeze <input type="checkbox"/> shortness of breath <input type="checkbox"/> tight chest		
<input type="checkbox"/> other (please specify) _____		
Things that are known to make my child's asthma worse include:		
<input type="checkbox"/> Colds/Viral infections <input type="checkbox"/> Animals <input type="checkbox"/> Chalk Dust <input type="checkbox"/> Strong Smells <input type="checkbox"/> Exercise (a reliever inhaler - usually blue - should be available to use 10 – 15 mins before exercise) <input type="checkbox"/> Weather ( e.g. hot, cold, humid)		
<input type="checkbox"/> Allergies (please specify): _____		
<input type="checkbox"/> Other (please specify): _____		
<b><u>INSTRUCTIONS:</u></b> Listed below are instructions for handling my child's asthma.		
_____		
_____		
_____		
The undersigned parent/guardian hereby authorizes any adult to administer the puffer/inhaler to the above named - child in the event of an asthma reaction as described above. This protocol has been recommended by a qualified physician.		
Parent/Guardian Signature: _____ Date : _____		
Name of physician prescribing puffer : _____		