



Tippecanoe School Corporation
21 Elston Road
Lafayette, IN 47909-2899

To the parent/guardian of _____ Teacher: _____ Grade: _____

You have indicated on school records that this student currently has **asthma**. It is important to have at least annual health information when s/he needs help at school. **Please complete this form and return it to the school nurse tomorrow** so a plan to help your child can be shared with identified school personnel. It is the responsibility of parents to provide necessary special food and medicine needed at school. If you have any questions, you may call the nurse at the student's school.

How often do the asthma attacks occur? _____

Has the student been hospitalized for asthma within the past year? No ___ Yes ___ When? _____

Is a peak flow meter used? No _____ Yes, best flow rate: _____

CHECK THE CONDITIONS THAT USUALLY BRING ON THIS STUDENT'S ASTHMA ATTACK:

____ respiratory infections _____ exposure to cold air _____ emotional stress
 ____ odors (describe) _____
 ____ exercise (describe) _____
 ____ allergic reaction to _____
 ____ other _____

CHECK THE SIGNS THAT ARE USUALLY PRESENT IN THIS STUDENT'S ASTHMA ATTACK:

____ coughing _____ wheezing _____ shortness of breath _____ feeling frightened
 ____ bluish color of skin/nails _____ unable to speak in full sentences without taking a breath
 ____ other (describe) _____

Asthma is currently being treated by Dr. _____ Phone: _____

ARE MEDICATIONS NEEDED TO CONTROL THE ASTHMA? No ___ Yes ___ (list below)

MEDICATION	DOSE	TIME
1.		
2.		
3.		
4.		

Circle the number of any medication that needs to be given at school. *

PLEASE ADVISE THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN MEDICATION AND/OR DOSE

THE USUAL TREATMENT AT SCHOOL FOR A STUDENT'S ASTHMA IS:

1. Allow student to use his/her prescribed asthma medication with assistance as needed.
2. Encourage student's relaxation (e.g. slow, deep breathing, sipping warm fluids).
3. Stay with student, monitor for symptoms.
 - A. If symptoms remain the same 15 minutes after taking medication, parent will be contacted for direction.
 - B. If symptoms increase in severity, 911 will be called and CPR begun if necessary.

If you want additional help given or have other concerns, describe them here: **

Parent signature: _____ Date: _____

REMEMBER TO ADVISE THE SCHOOL IMMEDIATELY OF CHANGES IN PHONE NUMBERS, ADDRESS, RESPONSIBLE EMERGENCY CONTACT PERSONS, DOCTOR, OR HOSPITAL PREFERENCES.

* TSC has a policy regarding taking medication for school. Please check with your child's school for direction.

** Tests and activity restrictions require written direction from the student's doctor.