

## RESCUE INHALER – ASTHMA

*Please provide the school an asthma action plan initiated and signed by the physician*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian name and phone number: \_\_\_\_\_

When was the student diagnosed: \_\_\_\_\_

Has the student every been hospitalized because of a severe asthmatic reaction: \_\_\_\_ Yes \_\_\_\_ No

If YES, when? \_\_\_\_\_

When was the last time the student used their rescue inhaler: \_\_\_\_\_

Does the student wear an emergency medical bracelet? \_\_\_\_ Yes \_\_\_\_ No

Does the student use an aerochamber (spacer) with the inhaler? \_\_\_\_ Yes \_\_\_\_ No

What triggers the student's asthma (check all that apply)

\_\_\_\_ Illness \_\_\_\_ Emotions \_\_\_\_ Medications \_\_\_\_ Foods \_\_\_\_ Change in weather

\_\_\_\_ Extreme temperatures ( HOT or COLD) \_\_\_\_ Exercise \_\_\_\_ Other (please list) \_\_\_\_\_

What symptoms does the student exhibit when having a severe asthmatic reaction?

Can the student recognize their symptoms: \_\_\_\_ Yes \_\_\_\_ No

Please list any other chronic medical conditions: \_\_\_\_\_

Please list any other medications the student takes at home: \_\_\_\_\_

Please list any drug allergies: \_\_\_\_\_

Pediatrician and phone number: \_\_\_\_\_

Allergist/ Pulmonologist and phone number: \_\_\_\_\_

Which hospital do you prefer if your student needs to be transported by emergency services: \_\_\_\_\_

Are you or someone familiar with your child able to accompany the student on field trips in case they have an asthmatic reaction: \_\_\_\_ Yes \_\_\_\_ No

Please list any afterschool activities in which your student will participate during the school year:

Transportation:

Car Rider		Bus Rider	
____ AM	____ PM	____ AM bus #	____ PM bus #

\*\*\*A student who has experienced or is at risk for severe asthmatic reactions may carry a rescue metered dose inhaler and self-administer while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization.