Student: ________________________________ Grade: ___ Birthdate: _________ School: _________________

The purpose of this form is to get an UPDATE on your student's asthma. Please answer to the best of your ability and return this form to your school nurse.

1. Has your student had any asthma exacerbations this year? (i.e. symptoms not managed at home, hospitalizations, 911 calls, etc.)
   ☐ NO ☐ YES, please explain: ____
   ____
   ____

2. Has anything changed with your student's asthma in the past year? (i.e. causes or symptoms, healthcare providers, new medication, etc.) ☐ NO ☐ YES, please explain: ____
   ____
   ____

3. In the ***past year***, how many times has your student been:

	NONE	ONCE	2-4	>4
a. Hospitalized overnight or longer for asthma:	☐	☐	☐	☐
b. Treated in an emergency room:	☐	☐	☐	☐
c. Treated in a doctor's office for non-routine asthma:	☐	☐	☐	☐
d. Prescribed steroids for asthma exacerbation:	☐	☐	☐	☐

   *If more than none, please explain: ____
   ____
   ____

4. CURRENT CAUSES: (*check all that apply*)

☐ Exercise ☐ **My student's asthma is exercise-induced ONLY*	☐ Respiratory infections
☐ Allergen: ☐ dust mites ☐ pollen ☐ grass ☐ trees ☐ mold ☐ pet dander ☐ foods: ______________________________	☐ Weather: ☐ cold air ☐ changes in weather
☐ Air Irritants: ☐ cigarette smoke ☐ air pollution ☐ dust ☐wildfire smoke ☐ strong odors/vapors/fragrances	☐ Strong emotions ☐ Stress ☐ Laughing ☐ Other: ___________________________

5. Have there been any changes to your student's typical asthma symptoms? ☐ NO ☐ YES, describe: _________
   ____

ASTHMA IMPACT *(in past 1 year)*

6. How often does your student have: Daytime symptoms: ____________times/week
   Nighttime symptoms: ____________times/week
7. Is your student's sleep interrupted by asthma symptoms? ☐ NO ☐ YES
8. Does your student limit or modify physical activity due to asthma? ☐ NO ☐ YES, explain: _______________
   ____

ASTHMA TREATMENT & MANAGEMENT

9. Please list ALL current medication your student takes ***for asthma and allergies***: ______________________
   ____
10. Typically, how often does your student use a rescue inhaler (i.e. Albuterol)?
    Daytime: ________________per week Nighttime: __________________per week
11. When was the last time your student used a rescue inhaler (i.e. Albuterol)? ___________________________
12. If your student has exercise-induced asthma, are they using an inhaler before exercise? ☐ N/A ☐ NO ☐ YES

SCHOOL PLANNING *(if you receive this form at end-of year, complete with next school year in mind)*

13. Will you be providing medication to be kept at school? ☐ NO ☐ YES *
    New medication authorization form signed by a healthcare provider and parent is required each school year.
14. Are you planning for your student to self-carry a rescue inhaler at school? ☐ NO ☐ YES *
    ****Final decision depends on developmental level of student and approval by nurse, healthcare provider, and parent.***
15. Control of School Environment (*check each that applies to the need of your student*):

☐ Modified recess or PE*	☐ Pre-medicate for exercise*	☐ Observe for side effects of medication
☐ Free access to water	☐ Avoid certain food	☐ Special transportation to/from school*
☐ Avoid animals at school	☐ Avoid strong odors	☐ Need special field trip planning

    Requires a note from a healthcare provider
16. Will your student be involved in after school sports/activities? ☐ NO ☐ YES *, which one?: ________________
    **** Parent must inform adult of student's condition. *Non-school-sponsored activities require separate medication provided by parent.***

CARE COORDINATION

17. Which healthcare provider is currently managing your student's asthma? ________________________________
18. Does your student have health insurance? ☐ NO ☐ YES, which one? ________________________________
19. Are you having any challenges getting asthma medication or connecting with a doctor? ☐ NO ☐ YES: _______
    ____

______________________________________ ____________ ______________________________________

Parent/Guardian Signature & Relationship ***Date*** ***Email address***