

Medications Taken at Home

Medication Name ?	How Much?	When is it Taken ?

Medications to be Taken at School

Medication Name ?	How Much?	When Should it be Taken ?

I GIVE CONSENT FOR THE ADMINISTRATION OF THE ABOVE MEDICATIONS AT SCHOOL

parent/guardian signature _____

***I UNDERSTAND THAT I ALSO NEED SIGNED PERMISSION FROM MY CHILD'S HEALTH CARE PROVIDER TO ADMINISTER MEDICATION AT SCHOOL (a signed asthma action plan will suffice).**

Please list anything else you use for your child's asthma (tea, herbs, home remedies, etc.): _____

14. How well does your child take his/her asthma medications?

- Can take medicine by self Forgets to take medicine Needs help taking medicine Not using medicine now

15. Does your child usually use a spacer or holding chamber with his metered dose inhaler (a clear tube that attaches to the inhaler and better helps the inhaled medicine get into the lungs)?

- Yes No Don't know He/she uses a dry powdered inhaler so he/she doesn't need a spacer

16. During the past year has your child's asthma ever stopped him/her from taking part in sports, recess, physical education or other school activities?

- Yes No Don't know

17. Do you want to talk to the school nurse more about asthma? Yes No

If so, what is the best time to call you:? Morning Afternoon Evening

Please call the Licensed School Nurse with questions:

Nurse's name _____

Phone # _____ Pager # _____

<u>For office use only:</u>	
8. _____	<u>Student Symptom Severity assessment:</u>
9. _____	Mi. _____
	Mi. P. _____
	Mo.P. _____
	S.P. _____

M.I. = Mild Intermittent; Mi.P. = Mild Persistent; Mo.P. = Moderate Persistent; S.P. = Severe Persistent]

Thank you for filling out this questionnaire.