

STUDENT ASTHMA INFORMATION SHEET

Student name: _____

Grade/Section: _____ Date: _____ School Year: _____

Describe the type of symptoms child experiences (e.g., wheezing, coughing, tightness, other)

What usually helps if an attack occurs?

Medications child takes: Name, dose, frequency

Side effects of medication that your child experiences:

Does your child use a peak flow meter?

If so, what is your child's current peak flow?

Additional information/instructions:

Number of times child has had to be taken to an emergency facility for an acute attack of asthma in the past 12 months?

Please contact me if there are any changes in your child's condition or information during the 2021-2022 school year.

Sincerely,

Erica Hyland, RN, BSN | Lower School Nurse
Kari Leal, RN | Upper School Nurse