## SCHOOL ASTHMA RECORD

Child's Name	Date
Parent's Name	Phone(home)
Address	Phone(work)
Physician Treating Child's Asthma	Phone#
	hma symptoms:
	e helpful in managing asthma?
3. In which sports can the child fully participate	e?
4. Does exercise induce episodes of asthma? If	so, list types of exercise
	ild's asthma? If so, list them
6. Name the medication taken routinely, the do	se, how often taken, when, and under what circumstances additional doses
	to these medications? If so list
8. Does your child understand asthma and what	the or she should do to manage it?
9. How do you want the school to treat an episc	ode of asthma if it should occur?
10. Approximately how often does the child have	ve an acute episode?
11. If the child does not respond to medication,	what action do you advise school personnel to take?
12. Does your child need an inhaler for school? treatment plan signed by parent and physician.	NoYesIf yes, please send in the inhaler with the asthma
Comments:	
Parent/Guardian Signature	
The Camden County School Nurse program for	non-public schools is administered by the Southern NJ Perinatal Cooperative.