La Center School District No. 101
PO Box 1840, La Center, WA 98629
Nursing Services

Asthma History Form for _____School Year
(To be completed each year by Parent/Guardian)

Name of Student:_____ Date of Birth:___/___/___ ☐ Male ☐ Female

Parent Contact: Name_____Number_____Teacher:_____Grade:_____

☐ **My child has a history of asthma, but is no longer under treatment for the condition. My child does not need an emergency plan or medication at school for asthma.**

Parent/Guardian Signature:_____ ***Date:***_____

How do you rate your child's asthma? ☐Mild ☐Moderate ☐Severe ☐Life-threatening
What season(s) are worst for your child's asthma? ☐Fall ☐Winter ☐Spring ☐Summer
Is your child diagnosed as having asthma? ☐Yes Date_____By whom? (LHP)_____

Within the past year, ***DUE TO ASTHMA,*** has your child: (Check all that apply)

☐ Seen the doctor? Date:_____
☐ Visited the emergency room? Date:_____
☐ Had an overnight hospital stay? Date:_____
☐ Taken Prednisone? How many times?_____
☐ Used Peak-Flow monitoring at home?
☐ Used a Nebulizer at home? If so, frequency of use? _____
☐ Used daily long-term asthma control medications? List Meds:_____

What triggers your child's asthma? ☐ exercise ☐ pollen ☐ stress ☐ smoke ☐ carpets
☐ chalk dust ☐ indoor dust ☐ outdoor dust ☐ mold ☐ food
☐ resp./virus/infection ☐ strong odors/fumes ☐ other _____

Symptoms your child may have during an asthma episode: ☐ coughing ☐ wheezing
☐ shortness of breath ☐ bluish color of lips/nail beds ☐ using accessory muscles to breathe
☐ other:_____

What helps your child recover from asthma symptoms? ☐ nebulizer treatment ☐ rescue inhaler
☐ rest/relaxation ☐ other:_____

List limitations/special needs your child may have in the school: ☐ PE/playground/sports
☐ field trips ☐ animals in classroom ☐ other_____

List all asthma medications:_____

List medication(s) your child will need at school: (Medication Authorization Form Required)_____
_____

Comments:_____

Asthma Physician/LHP:_____ Phone:_____

Information Provided By: _____

Preparer's Signature: _____ Date: _____