

ASTHMA INFORMATION SHEET

NAME _____ GRADE _____

I understand that all medical information is confidential and give permission to share this information on a professional basis with school personnel when deemed necessary by the school nurse.

Allergies or things that trigger asthma problems:

Early symptoms or clues of asthma problems:

Characteristics or signs of actual asthma attack:

Asthma Medication:

Medication

Route

Dose

Frequency

In case of emergency, we will notify the parent or emergency contact listed on the registration form. The student will be transported to the preferred hospital listed on the registration form at the parent's expense.

Physical activity and exercise are very important and any exemptions require a medical excuse from the physician.

Parents are responsible for updating emergency information and the program of care.

State of Iowa Law and Urbandale School Board Policy allows self-administration of medication under certain circumstances, with prior approval and written parental consent. Please complete the asthma self-administration form to carry an inhaler at school.

Parent/Guardian _____ Date _____