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Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: John Cervantes • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

## **Asthma Health History/Update**

**If your child no longer has asthma,** please check this box ☐

To the Parent/Guardian of \_\_\_\_\_ Grade \_\_\_\_\_  
Home Room/Teacher \_\_\_\_\_ School \_\_\_\_\_

According to the school records, your child has asthma. The school needs the following information in order to assist your child in case of an asthma episode. Please complete the following and return it to the School Nurse.

1. Does your child ride the bus? ☐ Yes ☐ No
2. Does your child participate in afterschool care or extracurricular activities?  
Please specify \_\_\_\_\_
3. Has your child been diagnosed by a doctor as having asthma? ☐ Yes ☐ No  
Is your child currently under a doctor's order for asthma? ☐ Yes ☐ No
4. When was your child's last episode of wheezing or breathing difficulty? \_\_\_\_\_
5. Which of the following cause your child to have an asthma episode?  
☐ Grass ☐ Drug/Allergy ☐ Pollen ☐ Illness/Infection ☐ Animal Hair ☐ Emotions  
☐ Physical Activity What kind(s)? \_\_\_\_\_  
☐ Weather Conditions Which type(s)? \_\_\_\_\_  
☐ Food Which food(s)? \_\_\_\_\_  
☐ Other Explain: \_\_\_\_\_
6. How many minutes or hours does an asthma episode usually last? \_\_\_\_\_
7. Does your child have any physical restrictions due to asthma? ☐ Yes ☐ No  
If yes, were these restrictions recommended by a doctor? ☐ Yes ☐ No  
What are these restrictions? \_\_\_\_\_
8. During an asthma episode, does anything help it to subside, such as rest, medications, positioning, liquids, breathing exercise, etc.? ☐ Yes ☐ No  
If yes, please specify \_\_\_\_\_
9. Is your child taking any medication to control asthma? ☐ Yes ☐ No  
Is medication taken daily? ☐ Yes ☐ No  
Is medication taken only when needed? ☐ Yes ☐ No  
Was this medication recommended by a doctor? ☐ Yes ☐ No

Date Began	Medication	Dosage	Route	Frequency/Indications for use

Students identified as having asthma will be required to curtail activity and/or remain indoors in the event of a smog health advisory episode, per CVUSD Board Policy.

Physician/City \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE**

If your student requires medication at school, please see the Health Services website for the required forms.