



CHINO VALLEY
UNIFIED SCHOOL DISTRICT

5130 Riverside Drive • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

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.

- Does your child ride the bus? Yes No
- Does your child participate in afterschool care or extracurricular activities?
Please specify _____
- 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
- When was your child's last episode of wheezing or breathing difficulty? _____
- 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: _____
- How many minutes or hours does an asthma episode usually last? _____
- 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? _____
- 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 _____
- 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.