

Health Care Plan – Asthma

The school is requesting the following information so we can better assist your child with their allergy while at school or should an anaphylaxis reaction occur at school.

Information and Contact:

Name: _____ Date of Birth: _____

Grade: _____ Classroom teacher: _____

Emergency Telephone:

Mother: _____ Father: _____

Medication Record:

Medication Taken at Home		
Medication Name	How Much?	When is it taken?
Medication Taken at School		
Medication Name	How Much?	When is it taken?

How well does the child take his/her asthma medication?

Takes medicine by self as prescribed

Needs help to take medicine

Inhaler via spacer / paed's chamber

Not using medicine now

Often forgets to take medicine

Trigger factor for asthma episode:

Exercise

Respiratory infections

Change in

temperature

Animals

Strong odours or fumes

Chalk dust / dust /

dust mite

Pollens / Molds

Food _____

Other _____

Regarding physical education:

Fully and safely participating in PE class and recess activities

Require premedication, name / dosage: _____

Require modified activities

PE instructor and activity monitors aware of individual needs.

Remarks:

I hereby give permission to the school nurse to assist with or perform the administration of each prescribed medication for my child in case of an emergency. I understand that it is my responsibilities to notify the school if there is a change in the medication / treatment plan.

Parent's / Guardian's signature

Date