



# CITY OF MERIDEN - SCHOOL HEALTH PROGRAM

## Information Form for the Student With Asthma

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Age of child's first asthma attack? \_\_\_\_\_ Date of child's last asthma attack? \_\_\_\_\_

How often does your child have an asthma attack? \_\_\_\_\_

Is your child taking medication(s) for asthma?  Yes  No

Does your child take medication at home for asthma?  Yes  No At school?  Yes  No

Name of medication \_\_\_\_\_ How often? \_\_\_\_\_

Does your child use an inhaler?  Yes  No How often? \_\_\_\_\_

Does your child use a nebulizer machine?  Yes  No How often? \_\_\_\_\_

Does your child use a peak flow meter?  Yes  No How often? \_\_\_\_\_

Are there any smokers living in the house?  Yes  No

Is smoking allowed inside the home?  Yes  No

Are there any family members in the home with asthma?  Yes  No If yes, who? \_\_\_\_\_

Are there any pets in the home?  Yes  No Type of pet \_\_\_\_\_

Is there a wood burning stove in the home?  Yes  No

Is there carpet in the home?  Yes  No vacuum cleaner?  Yes  No

Is there a washing machine in the home?  Yes  No air conditioner?  Yes  No

What affects your child's asthma? (check all that apply)

- Pollens (grass, flowers, trees, etc.)
- Mold
- Animals, pets
- Cockroaches
- Dust, dust mites

- Cigarette smoke
- Chalk, chalk dust
- Paints, household cleaners
- Strong odors, perfumes
- Exercise, sports

- A Cold
- Changes in weather
- Foods, medications
- Stress, emotional upsets
- Pesticides, household sprays

Does your child see a specialist for asthma?  Yes  No If yes, please provide the specialist's:

Name \_\_\_\_\_ Address \_\_\_\_\_

Has your child ever been hospitalized because of asthma?  Yes  No When? \_\_\_\_\_

On a scale of 1-5, please rate your child's asthma. 1 2 3 4 5  
(not severe) (severe)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_