



Winton School District

STUDENT ASTHMA INFORMATION

Student name _____ Homeroom _____

Describe type of symptoms child experiences (i.e., wheezing, coughing, tightness).

About how often does child have an attack?

week _____ Month _____ Year _____

What usually causes or triggers attack? (if known)

What usually helps if an attack occurs?

Medications child takes: Name, dose, frequency:

Side effects of medication that your child experiences:

Does your child use a peak flow meter? Yes _____ No _____

If so, what is child's current best peak flow? _____

Additional information/instructions:

PLEASE CONTACT THE SCHOOL NURSE IF INFORMATION OR IF CHILD'S CONDITION CHANGES DURING THE SCHOOL YEAR.

Thank you for your help in providing the best care for your child .