

Student Name _	Grade
Parent/guardian	cell
Other emergency	y contact phone
Hospital preferen	nce
Symptoms of most concern for this student are	
I give permission my child and, if no with prescribed m in compliance with	ATE TO ADMINISTER EMERGENCY MEDICATIONS for school personnel to share this information, follow this plan, administer medication and care fo ecessary, contact our health care provider. I assume full responsibility for providing the school edication and delivery/monitoring devices and release the school and personnel from any liability h their Board of Education policies.  Signature:
Student Name:	DOB:
Please take the ti	ime, to help us understand how your student manages his/her asthma symptoms.
	ily medication for asthma: yes no tion (s)
	been hospitalized for asthma? yes no s?What year?
Does student sel	f-carry albuterol inhaler for emergencies? yes no
If student is in C yes no	Children's School this year, will student keep inhaler with the teacher?
Does student kno	ow how to use inhaler? Yes No
Will Peak Flow Please advise us You may use the 1. Peak No a 2. If peak the st He/sh 3. Stud	Meter be kept on campus? Yes No of peak flow readings, or symptoms, which are of concern for your student.  Expace below. It is flow readings should be between and In additional medication or treatment is necessary.  Exact flow readings are between and,  [In the content of medication or treatment is necessary.]  In the content will require additional medication.  In the content of medication or medication;  In the content of m
Signature of pare	ent: Date
Signature of phy	vsician:Date