Kerry Richardson, R. N.
Delaney School
Telephone (508) 384-5430
Extension 1050

richardsonk@wrenthamschools.org

Wrentham Public Schools
Nursing Department
Asthma Update

Carly-Rae Akrouche, R. N.
Roderick School
Telephone (508) 384-5435
Extension 3050

akrouchec@wrenthamschools.org

School ____________________ Grade/Teacher ________________ School Year __________________

Student's Name ____ Birth Date ____________________
Last First Middle

Name of Physician treating child's asthma (please print) ______________________________________

Business Phone ________________________ Emergency Phone _________________________

The health and well-being of your child while he/she is in school is important to us. The following information about your child would assist us to provide care while he/she is at achool:

Please check your child's known asthma "triggers"

☐ Chemical ordors ☐ Dander, animal ☐ Exercise ☐ Molds ☐ Strong Odors ☐ Weather
☐ Cigarette ☐ Dust, dust mites ☐ Foods ☐ Pollens ☐ Other ____________________

Please list your child's allergies ____

Please check those things that are done to relieve or help when experiencing an asthma attach at home

☐ Breathing exercises Takes medication ☐ Inhaler
☐ Drinks Liquids ☐ Nebulizer
☐ Relaxation excercises ☐ Medication by mouth

What is your child's "personal best" peak flow reading? ______________________________________

Please list all medications taken daily (home and at school)

Name of Medication	Dosage/times given	How medication given	Meds at home	Meds at school
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Please check who manages your child's asthma ☐ Pediatrician ☐ Asthma and Allergy Specialist

How often does your child see a primary care provider for routine asthma visits?

____

How often does your child been treated in the emergency room for asthma in the past year?

____

How many times has your child been hospitalized overnight for asthma in the past year? ____________________

Comments?

____

Parent/Guardian Signature ________________________________ Date ____________________