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

richardsonk@wrenthamschools.org

Wrentham Public Schools
Nursing Department
Asthma Update

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

haugheyc@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
☐ Drinks Liquids
☐ Relaxation excercises

Takes medication
☐ Inhaler
☐ Nebulizer
☐ 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 _____

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Print Form