

Asthma Management Sheet

Name	_____	Teacher	_____
Date of birth	_____	Grade	_____
Age at diagnosis	_____		
Parent or Guardian	_____	Phone	_____
Parent of Guardian	_____	Phone	_____
Physician	_____	Phone	_____
Physician	_____	Phone	_____
Other contact	_____	Phone	_____
Peak flow (normal)	_____		

Prevention

Triggers and allergies

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Before gym class or physical exertion:

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Treatment

Name of medication	Dose	Frequency	Notes

Inhaler

☐ Child understands correct use of inhaler.

Spacer

☐ Child understands correct use of spacer.

Asthma care contract

☐ Child has an asthma care contract in place with doctor with clear expectations for what needs to be done to help keep asthma in control.

Please keep my child's teacher informed about child's asthma care.

I give the school nurse permission to communicate with child's doctor if necessary.

Parent/Guardian

Signature

Date

Parent/Guardian

Signature

Date
