

RETURN TO SCHOOL NURSE

SCHOOL GUIDELINES FOR THE STUDENT WITH ASTHMA

Student Name _____ DOB _____ Date _____
School _____ Grade _____ Teacher/Team _____

Parent Name _____ Phone _____

In case of emergency and parents cannot be contacted, please call:

Name _____ Phone _____

Please list specific triggers and symptoms:

SYMPTOMS (other possible):

- *Tightness in chest
- *Wheezing
- *Shortness of breath
- *Fast breathing
- *Coughing
- *Nasal flaring
- *Other _____

TRIGGERS (other possible):

- *Dust
- *Strong odors/fumes
- *Animals
- *Exercise
- *Molds/Pollens
- *Cold/temperature changes
- *Illness
- *Other _____

At first sign of symptoms please follow these instructions:

1. Restrict physical activity, allow student to rest. Do not leave student alone.
2. Administer medication per physician's orders.
3. Encourage student to breath slowly and relax.
Other instructions: _____

4. If no improvement, contact parent or emergency contact.
5. If parent or emergency contact cannot be contacted and there is no improvement in student condition, CALL 911.

Parent Signature _____ Date _____

School Nurse _____ Date _____

FOR SCHOOL NURSE USE ONLY

Medications:

1. Drug/Inhaler _____ Dose _____ Time _____
Special Instructions: _____
2. Drug/Inhaler _____ Dose _____ Time _____
Special Instructions: _____

Inhaler Information:

- Inhaler to be used ____ minutes prior to exercise/gym class. **YES/NO**
- Inhaler is located : _____