

ASTHMA INFORMATION (to be completed/reviewed by parent/guardian)

My child will will not (please mark appropriate spot with X) participate in **KSD sponsored** before or after school sports/activities during the school year. If this changes it is my responsibility as the parent/guardian to contact the health room. List sports/activities: _____

1. How long has your child had asthma? _____ years _____ months
2. How many days would you estimate he/she missed school **last year** due to asthma: _____
3. How many times in the past year has your child been:
A) Hospitalized overnight or longer for asthma? (check one) none one two-four more than four
B) Treated in an emergency room? (check one) none one two-four more than four
C) _____-routine asthma? (check one) none one two-four more than four
4. **Asthma Triggers:** (Check each that applies to the student.)
 Exercise Food Pollens Stress
 Respiratory Infections Strong Odors of Fumes Molds Cigarette smoke
 Change in Temperature Animals Carpets in Room Other