

Northfield

Public Schools 1.S.D. 659 MINNESOTA

District Health Services
Longfellow Elementary
201 Orchard St., Northfield, MN, 55057
507-645-1205, 507-645-1250 (f)

Elizabeth H. Bade, District School Nurse

Dear Parent/Guardian:

We are in the process of updating our asthma file on _____ for the school year. In addition to the information you have given us, please answer the following questions to help update our records so that we can provide the best care for your child:

1. How severe is your child's asthma? Please circle: mild moderate severe
2. When was his/her last asthma episode?
3. What are your child's triggers?
4. Please list the medications your child currently takes for asthma.

<u>Name of Medication</u>	<u>Dose</u>	<u>Frequency</u>
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5. List any side effects of your child's medications:
6. Does your child carry his/her medication with them?
7. Are there any physical restrictions? Yes No
If yes, please list them
8. What is the asthma emergency plan for your child?

Please return this form to Health services at your child's school. Thank you.

Parent/Guardian Signature _____

Date _____