

SUMTER COUNTY SCHOOLS - SCHOOL HEALTH SERVICES
ASTHMA PARENT INTERVIEW GUIDE

Please complete this form with as much accurate information as possible. The information provided is used to develop an individualized health care plan for your child to promote a safe environment with a goal to maintain optimal health. Important: Include correct numbers where you can be reached.

Student's Name: _____ Date of Birth: _____

Student's Address: _____

Age: _____ Grade: _____ Teacher: _____ School: _____

Parent/Guardian: _____ Phone #1: _____

Phone #2: _____

Emergency Contacts: _____ Phone #1: _____

Phone #2: _____

Prescribing Doctor: _____ Phone: _____

Fax: _____

Preferred Hospital: _____ Allergies to: _____

1. Medical diagnosis: _____

Severity (Please circle one):

INTERMITTENT MILD PERSISTENT MODERATE PERSISTENT SEVERE PERSISTENT

2. What medication(s) does your child take at home? _____

3. What type of medications (include all for home and school) does your child take and when? _____

4. Does your child have a peak flow meter? _____ (If no, skip to question 5)

Is your child able to use and self-check peak flow? _____

Do you know your child's personal best peak flow number? _____

Please note zone ranges if used: RED _____ YELLOW _____ GREEN _____

Will your child need to check his/her peak flow during school hours? _____ If yes, when? _____

5. Is your child able to use his/her own inhaler? _____ Does your child use a spacer? _____

6. Will he/she be carrying his/her own inhaler at school? _____
If yes, how is your child transported to school? _____ If by school bus, what route? _____

7. Which of the following trigger asthma episodes for your child: (mark all that apply)

- Exercise Respiratory Infections Pollen Smoke Food
 Animals Temperature Changes Molds Dust Other _____

If exercise induced, what type of exercise? _____

8. What are his/her usual signs of a problem? (Check all that apply)

- Coughing Wheezing Difficulty Breathing Blue Lips Anxiety Panic
 Other: _____

9. Any special instructions? _____

As parent/guardian by signing this form, I give permission for Sumter County Schools to share this information with the faculty and staff who are directly involved in my child's education and/or school health services.

Parent signature

Please Print name

Date: