

**East Dubuque School District #119
Student Asthma Information Form**

Name: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Ph: (H) _____

Address: _____ Ph: (W) _____

Parent/Guardian Name: _____ Ph: (H) _____

Address: _____ Ph: (W) _____

Emergency Phone Contact: _____

Name	Phone
Physician Treating Student for Asthma: _____	Ph: _____

Daily Medications

Name	Amount	When to use
1. _____		
2. _____		

Identify the things which start an asthma episode (Check all that apply to your child)

- | | |
|---|--|
| <input type="checkbox"/> exercise | <input type="checkbox"/> strong odors or fumes |
| <input type="checkbox"/> respiratory infections | <input type="checkbox"/> chalk dust / dust |
| <input type="checkbox"/> change in temperature | <input type="checkbox"/> pollens |
| <input type="checkbox"/> animals | <input type="checkbox"/> molds |
| <input type="checkbox"/> food | <input type="checkbox"/> other _____ |

Emergency Asthma Medications

Name	Amount	When to use
1. _____		
2. _____		

Contact parent/guardian if: _____

I authorize the East Dubuque School District and it's employees and agents, to allow my child or ward to possess and use his or her asthma medication (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the East Dubuque School District to inform parents/guardians that it, and it's employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

Parent/Guardian signature

Date