



ASTHMA QUESTIONNAIRE

Date _____

Check Site: ☐ Las Lomas ☐ La Entrada

Please print:

Student: _____ DOB _____

Teacher: _____ Grade _____

Parent Name: _____ Email: _____

Parent phone: _____ Emergency phone: _____

School records indicate that your child has asthma. So that we can better understand the condition, please complete the questions listed below.

Was the asthma diagnosed by a physician? Yes ☐ No ☐

Child's age with first asthma episode: _____

When was doctor last consulted for this condition? _____

What type of reaction does your child have? Check all that apply.

☐ Tightness in chest

☐ Shortness of breath

☐ Cough

☐ Wheezing

☐ Other (please describe): _____

What triggers your child's asthma? _____

How frequently does this occur? _____

What type of medication is used? 1. _____ 2. _____

3. _____ 4. _____

How frequently is medication needed? _____

Would this asthma condition interfere with usual P.E. activities? Yes ☐ No ☐

If there are limitations, please describe: _____

Does your child need medication at school? Yes ☐ No ☐ If yes, a *Medication Authorization Form* must be completed and returned to the school office with the medication. The Medication Authorization Form may be found on the district web site at www.llesd.org or in the school office.

Please return this completed form to the school office as soon as possible.

Parent Signature _____

Date _____

Print Name _____