PROVIDENCE ACADEMY

Asthma Individual Health Plan

Name		School	
Birthdate		Grade	
Parent(s)		Phone	
Parent Email		Second Phone	
Medical Provider		MD Phone	

Health History

When was your child diagnosed?	
Has your child been hospitalized for asthma? When? Most recent?	
How often has your child been seen for asthma in the emergency room?	
Does your child have allergies? Please list.	
Other pertinent information:	

Asthma Signs and Symptoms (check those that apply for your child)

☐ Wheezing	☐ Chest Tightness	☐ Mucus
☐ Cough	☐ Shortness of Breath	Other

Asthma Triggers (check those that apply)

☐ Illness	☐ Animals	☐ Smells	Foods
☐ Exercise	☐ Smoke	☐ Cold Weather	☐ Emotions
☐ Allergies	☐ Dust	☐ Hot Weather	Other

Medications (check those available at school)

* Please note that we need a medical order for any medication to be dispensed at school

Medication Name	Dose / Route	Frequency / Time of Day	At school?
			☐
			☐
			☐
			☐
			☐