ELLWOOD CITY AREA SCHOOL DISTRICT

501 CRESCENT AVE. ELLWOOD CITY, PA 16117
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ASTHMA HISTORY FORM

Student:		**Grade/Class:**
What triggers your child's symptoms? Please check all that apply:		
( ) exercise	**( ) cigarette smoke**	**( ) respiratory infection**
( ) stress	**( ) pollen**	**( ) wood smoke**
( ) odors or perfumes	**( ) carpets**	**( ) indoor dust**
( ) outdoor dust	**( ) temperature changes**	**( ) molds**
( ) animals:		
( ) foods:		
( ) other:		
What medications does your child take for asthma daily and/or as needed?		
What other measures at home relieve your child's symptoms?		
IF YOUR CHILD NEEDS MEDICATION FOR ASTHMA, YOU WILL NEED TO SUPPLY THE MEDICATION AND NECESSARY FORMS WHICH CAN BE OBTAINED FROM THE SCHOOL HEALTH OFFICE.		
Parent Signature:		**Date:**

PLEASE FEEL FREE TO USE THE BACK OF THIS FORM TO SUPPLY ANY OTHER ADDITIONAL INFORMATION THAT YOU FEEL WOULD HELP US TO MANAGE YOUR CHILD'S ASTHMA AT SCHOOL. THANK YOU

ADDITIONAL ASTHMA INFORMATION FOR:

Parent Signature: **Date:**