



ASTHMA HEALTH HISTORY/UPDATE

- Allegiance STEAM Academy, Chino · 5862 C. Street Chino CA 91710 · Ph 909-465-5405 Fax 630-556-8995
- Allegiance STEAM Academy, Fontana · 7420 Locust Ave Fontana CA 92336 · Ph 909-258-9937

To the Parent/Guardian of _____ Grade _____
 Home Room/Teacher _____ School _____

According to the school records, your child has asthma. The school needs the following information in order to assist your child in case of an asthma episode. Please complete the following and return it to the school Health Office.

1. Has your child been diagnosed by a doctor as having asthma? Yes No
 Is your child currently under a doctor's order for asthma? Yes No
2. When was your child's last episode of wheezing or breathing difficulty? _____
3. Which of the following causes your child to have an asthma episode?
 Grass Drug/Allergy Pollen Illness/Infection Animal Hair Emotions
 Physical Activity What kind(s)? _____
 Weather Conditions Which type(s) _____
 Food Which food(s)? _____
 Other Explain: _____
4. How many minutes or hours does an asthma episode usually last? _____
5. Does your child have any physical restrictions due to asthma? Yes No
 If yes, were these restrictions recommended by a doctor? Yes No
 What are these restrictions? _____
6. During an asthma episode, does anything help it to subside, such as rest, medications, positioning, liquids, breathing exercise, etc.? Yes No
 If yes, please specify _____
7. Is your child taking any medication to control asthma? Yes No
 Is medication taken daily? Yes No
 Is medication taken only when needed? Yes No

Date Began	Medication	Dosage	Route	Frequency/Indications for use

Was this medication recommended by a doctor? Yes No

If your child no longer has asthma, please check this box.

Physician/City _____ Phone _____

Parent/Guardian _____ Phone _____ Work _____

PLEASE RETURN THIS FORM TO THE SCHOOL HEALTH OFFICE

If your student requires medication at school, please see the school health office or school website for required forms