

WELLESLEY PUBLIC SCHOOLS

Asthma Management Plan

Name _____ Grade/ Homeroom _____ School Year _____

When was your child first diagnosed with asthma? _____

Has your child ever been hospitalized for asthma? _____ yes (when? _____) _____ no

Identify the common asthma triggers for your child:

___ Animals	___ Exercise
___ Carpeting	___ Food _____
___ Change in temperature	___ Molds
___ Chalk dust	___ Pollens
___ Dust	___ Other _____

Is your child aware of his/ her own allergy triggers? ___ yes ___ no

Describe your child's typical asthma symptoms: _____

Does your child know to alert an adult and/or to use medication before symptoms become severe? ___ yes ___ no

Does your child need to use an inhaler prior to Physical Education class? ___ yes ___ no
___ as needed

Peak Flow Monitoring:

Does your child use a peak flow monitor at home? ___ yes ___ no

Personal best peak flow number: _____

A peak flow meter will be provided for school use: ___ yes ___ no

Monitoring Time(s) _____

Asthma Medication Plan:

Name and Dosage of Medication	Route	Time(s) Given in School
1. _____		
2. _____		
3. _____		
4. _____		

Please use the back of this sheet to write any comments or instructions that will help us care for your child.

Parent/Guardian Signature: _____ Date: _____