



Forest Lake Area Schools Child Care Program  
943 9th Ave SW, Forest Lake, MN 55025  
(651) 982-8365

### Asthma / Respiratory Assessment Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SAC Site: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Physician / Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Has your child been diagnosed with asthma or any respiratory condition by a health care provider?  
 No  Yes, specify: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_

Has your child ever required emergency care for their asthma / respiratory condition?  No  Yes, when: \_\_\_\_\_

How often does your child have issues with their asthma / respiratory condition?  
 often  sometimes  rarely When was their last episode? \_\_\_\_\_

Asthma Classification: (check which applies)  
 mild intermittent  mild persistent  Moderate persistent  severe persistent

Does your child have any limitations because of their asthma / respiratory condition?  No  Yes, explain: \_\_\_\_\_

What triggers your child's asthma / respiratory condition or makes it worse:  
 allergies (list) - \_\_\_\_\_

- smoke
- chalk / chalk dust
- foods (list) - \_\_\_\_\_
- having a cold / respiratory illness
- stress / emotional upsets
- changes in weather / very cold or hot air
- exercise, sports or playing hard
- other: \_\_\_\_\_

List avoidance techniques - \_\_\_\_\_

What are your child's usual signs/symptoms during an asthma (respiratory) attack/episode?

- wheezing
- coughing
- difficulty breathing
- chest tightness
- anxiety
- other, explain: \_\_\_\_\_

Does your child have medications/inhaler for their asthma / respiratory condition?  No  Yes  
Will you be providing SAC/Sonic with the medications to treat your child's asthma / respiratory condition? (If you mark yes, all medication authorization forms and medication MUST be on site at SAC/Sonic prior to the start of the program)

- No
- Yes

**(All medications that will be kept at SAC/Sonic and administered during SAC/Sonic hours will need a medication form or orders completed by the treating physician. All medication authorization forms must be signed and dated by a parent or guardian)**

Can your child self-carry their inhaler?  No  Yes

Can your child self-administer their inhaler?  No  Yes

Does your child know when they need their inhaler?  No  Yes

How do you want SAC/Sonic to treat an asthma / respiratory condition episode?

- administer inhaler per medication orders
- call parents / guardian
- stop activity and rest
- other: \_\_\_\_\_

Does your child have an Asthma Action Plan?  No  Yes – **if yes, include a copy of the action plan with this form to SAC/Sonic.**

Are there any other health concerns?  No  Yes, explain: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All health forms are good for one calendar year from the date they are signed and date.**

**If your child shows any signs of respiratory distress 911 will be called immediately.**

02/18/2020