CITY SCHOOL DISTRICT OF ALBANY
BUREAU OF HEALTH AND PHYSICAL EDUCATION

ASTHMA INFORMATION

GREEN TECH HIGH SCHOOL HEALTH OFFICE

Health Office Phone (518) 407-2552 Fax (518) 434-0597
Email: nurse@greentechhigh.org
Main Office Phone (518) 694-3400 Fax (518) 694-3401

Dear Parent/Guardian:

You have noted on your child's record card that s/he has asthma. To assist us in anticipating and treating an asthma attack, please provide the information requested below and return this form to the Health Office as soon as possible.

1. How severe and frequent are your child's asthma attacks? _____
   _____
2. Are the attacks seasonal? _____ If yes, in which season/s do attacks occur? _____
3. Do the attacks follow physical exertion? _____ If yes, please indicate the types of exertion most likely to precipitate an attack. _____
4. Are the attacks more likely to follow emotional stress? _____ If yes, please indicate the types of stress that precipitate an attack. _____
5. Does your child take daily medication for asthma? _____
6. Does your child take medication only when having an attack? _____
   Medication: _____ Dose: _____ Frequency: _____
   Medication: _____ Dose: _____ Frequency: _____
   Physician: _____ Physician's Phone No.: _____
7. What specific emergency procedures do you want us to follow if your child has an attack at school? ___
   _____
   _____

A supply of your child's medication may be kept at school for emergency use if we have a completed "Medication Permission" form on file. You may obtain a form by contacting the School Nurse.
If you have any questions or concerns, please contact the school.