

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director**

CONFIDENTIAL HEALTH INFORMATION FOR A STUDENT WITH ASTHMA

To School Personnel: The information below has been completed by the School Nurse from an authorization signed by the student's Medical Provider. Please review this card and initial the appropriate column below.

Special considerations: Student may need to go to health office for medication. Student needs special accommodations for medications and health care when going on a field trip.

COMMON SIGNS AND SYMPTOMS OF ASTHMA

Persistent coughing	Tightness in chest
Wheezing or unusual sounds with breathing	Anxious expression
Shortness of breath, difficulty breathing	Decreased ability to do usual activities

POSSIBLE ASTHMA TRIGGERS

- ♦ **Allergens:** animals (cats, dogs, mice, etc.); dust/chalk dust; dust mites; cockroaches
- ♦ **Environmental:** pollen (trees, weeds, grass); mold; cold (or very hot) air
- ♦ **Chemical:** strong odors (perfume, markers that smell, air fresheners, cleaning chemicals, paint, etc.)
- ♦ **Foods:** nuts, shrimp, wheat, milk, soy, fish
- ♦ **Drugs:** aspirin, sulfites, antibiotics
- ♦ **Other:** exercise, strong emotions; viruses (cold, flu)

FIRST AID FOR ASTHMA

- **STOP** any activity; rest in an upright position
- Follow the Asthma Action Plan if available
- Use quick reliever medication as ordered by the child's physician
- Notify the School Nurse or trained designated school personnel
- Never allow a child who is experiencing breathing problems to leave the class without adult supervision

Get emergency help from the School Nurse or Call 911 if the student has any of these:

- | | |
|---|--|
| <input type="checkbox"/> No improvement | <input type="checkbox"/> Trouble walking or talking |
| <input type="checkbox"/> Struggling to breathe | <input type="checkbox"/> Blue lips |
| <input type="checkbox"/> Chest/neck pulled in | <input type="checkbox"/> Hunched over |
| <input type="checkbox"/> Nostrils open wide | <input type="checkbox"/> Signs of distress |

Student has physician's orders for asthma medication at school: ☐ NO ☐ YES

☐ Student self administers medication

☐ Student must take medication before exercise

☐ Student's medication is stored in the health office or _____

FIRST SEMESTER				SECOND SEMESTER			
Period	Teacher	Initial	Date	Period	Teacher	Initial	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
Home Room				Home Room			
Administrator				Administrator			
Counselor				Counselor			
Other				Other			