

# Glen Ellyn School District 41

Ignite passion. Inspire excellence. Imagine possibilities.

793 North Main Street, Glen Ellyn, IL 60137



## Asthma/Respiratory Questionnaire

SCHOOL YEAR: \_\_\_\_\_

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

If your child has a diagnosis of asthma or known respiratory concern, please complete this questionnaire with any pertinent information to assist in the management of your child's care while at school/school-related events.

What is your child's diagnosis? Date of initial diagnosis? \_\_\_\_\_

Please indicate from the following items that may trigger an asthmatic/respiratory episode:

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Carpets in the room   | <input type="checkbox"/> Pollen/mold           | <input type="checkbox"/> Foods   |
| <input type="checkbox"/> Other: _____           |  |  |                                  |

What does your child look like when they are having an asthmatic/respiratory episode?  
\_\_\_\_\_  
\_\_\_\_\_

What steps did you take to treat the asthmatic/respiratory episode? \_\_\_\_\_  
\_\_\_\_\_

When was the last time your child had an asthmatic/respiratory episode? \_\_\_\_\_

Does your child use an inhaler or nebulizer at home? If yes, how often? \_\_\_\_\_  
\_\_\_\_\_

List any other medications your child takes at home? \_\_\_\_\_  
\_\_\_\_\_

Any additional comments or information for the school: \_\_\_\_\_  
\_\_\_\_\_

*\* Any medications that are kept at school require a D41 Medication Form completed on an annual basis. See attached forms.*

Please return completed forms to the health office at your child's school. Notify the health office with any questions or concerns.

\_\_\_\_\_  
*Parent/Guardian Name & Signature*

\_\_\_\_\_  
*Date*

*We make a difference. We embrace change together. We are a true team of professionals. We build the future.*

### Glen Ellyn School District 41

**Churchill** P: 630-790-6485 F: 630-790-6498 **Forest Glen** P: 630-790-6490 F: 630-790-6468

**Ben Franklin** P: 630-790-6480 F: 630-790-6403 **Abraham Lincoln** P: 630-790-6475 F: 630-790-6404

**Hadley Junior High** P: 630-790-6450 F: 630-790-6469