Faith Diligence Love

SUNCOAST CHRISTIAN COLLEGE

# ASTHMA ALERT FORM

Student's Full Name: ______________________________

Date of Birth: ____________________ Class: ____________

1. Severity of Asthma
   - ❑ Severe asthma/life threatening
   - ❑ Moderate severity
   - ❑ Mild
   - ❑ Seasonal
2. Administering medication
   - ❑ Is able to self-administer
   - ❑ Requires assistance to administer
3. Triggers of Condition *(if known)* ______________________________

   ______________________________
4. Medication *(please state name in full)* ______________________________

   *Please tick all of the following options that apply:*
   - ❑ Student requires medication to be in school bag every day
   - ❑ To be taken with student on excursions/sport days/camps etc.
   - ❑ Medication only required at certain time of the year

   *(In the case of primary students, please send a note in the diary when student is suffering from asthma and medication is required)*
5. Timing of administering medication for students requiring assistance
   - ❑ Given at intervals specified by the doctor on the medication
   - ❑ To be taken by student when the following symptoms occur

     ______________________________
   - ❑ Other

     ______________________________
6. Symptoms that indicate emergency medical intervention is necessary

   ______________________________

   ______________________________
7. Contact phone numbers to call:

   Home phone number: ______________________________

   Mobile phone number: ______________________________

   Other numbers: ______________________________

   Doctor's Name: ______________________________

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Parent/Guardian's Name: ______________________________

Parent/Guardian's Signature: ______________________________

Date: ____________________