

## Trinity Christian Academy Asthma/RAD Interview Form

Student: \_\_\_\_\_ Grade/Section: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Describe the symptoms the student experiences (wheezing, coughing, other):  
\_\_\_\_\_

Identify the things which start an asthma episode (Check each that applies to the student.)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Food _____  |
| <input type="checkbox"/> Strong odors or fumes  | <input type="checkbox"/> Carpets in the room   | <input type="checkbox"/> Molds       |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Animals               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chalk dust / dust      | <input type="checkbox"/> Pollens               |                                      |

Comments \_\_\_\_\_

What is your normal course of treatment for mild to moderate symptoms?  
\_\_\_\_\_

Has he/she been prescribed an inhaler? \_\_\_\_\_

- a) Will it be needed at school? \_\_\_\_\_
- b) Will he/she recognize symptoms and ask to use the inhaler? \_\_\_\_\_
- c) Does he/she need assistance using the inhaler? \_\_\_\_\_
- d) Do you have a doctor's note for self-administration? \_\_\_\_\_ (Grades 3 – 12 ONLY)

Are there any activity restrictions we should be aware of? \_\_\_\_\_

Does your child attend after care or after school sports? \_\_\_\_\_

*Florida Statutes require that a physician authorization be on file for a student to carry and self-administer an asthma inhaler. The inhaler must display the pharmacy label and be used only by the assigned student. Trinity Christian Academy allows only students in grades 3 – 12 the option to carry and self-administer rescue inhalers. Any changes in student health or prescription should be updated as applicable.*

### CONSENT TO SHARE INFORMATION:

The school clinic has permission to share information provided in this report with appropriate members of the education team for use in meeting the health and educational needs of the student. This will be done only on a "need to know" basis, in a confidential manner.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_