

Form 504.1.6 – Emergency Medical Data Sheet – Students with Asthma

Instructions

Emergency treatment information is shown in Section 2 on this page.

This form is for use by teachers and school officials. All information requested below must be obtained from the parent or guardian of the child.

School Office Use Only	
Student ID No.	
Grade	
School Year	
Date form completed	

1. Contact Information

Student Name		
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother/Guardian		Phone:
Father/Guardian		Phone:
Other contacts		Phone:
Physician		Phone:
Allergy Specialist		Phone:
Preferred Hospital		Phone:

**Insert Student
Photo Here**

2. Symptoms and treatments for this child

Mild Attack Symptoms	Moderate Attack Symptoms	Severe Attack Symptoms
Treatment	Treatment	Treatment

3. Medications prescribed for this child

4. Allergies

5. Location of medical supplies