Asthma Visit Report to Parent/Gaurdian
Health services Department
Asthma 411

To the parent/guardian of_____Date _____

We are writing to you because your child visited the school nurse and the following were noted:

- ☐ Wheezing
- ☐ Coughing
- ☐ Shortness of breath
- ☐ Chest tightness
- ☐ Difficulty participating in P.E. because of respiratory symptoms/asthma
- ☐ Visits school health office often because of respiratory symptoms/asthma
- ☐ Has required emergency treatment of respiratory symptoms/asthma
  - ☐ Received nebulized albuterol and stayed in school.
  - ☐ EMS was contacted for respiratory distress
- ☐ Requires additional medication for use at school.
- ☐ May benefit from a spacer to use with inhaler.
- ☐ Other_____

Please send the following to the school nurse, so we may give your child the best health support possible during the school day.

- ☐ Signed Asthma 411 consent form. (attached)
- ☐ New or updated Asthma Action Plan from your child's doctor (sample attached)
- ☐ Medication authorization form
- ☐ Additional medication for use at school.
- ☐ **Please make an appointment with your child's doctor and bring this information with you to share with the doctor.**

Please feel free to contact the school nurse if there are any questions or concerns. Thank you!

Sincerely,

_____
School Nurse