

Asthma / Breathing Problem Visit Notification

Date _____ Time _____

Dear Parent or Guardian of: _____ Room/grade _____

Your child was seen in the health office with asthma or breathing problems with the following symptoms:

- wheezing
- persistent coughing
- shortness of breath / trouble breathing / tight chest
- peak flow in the yellow zone
- peak flow in the red zone
- other _____

The following care was given:

- quick relief medicine given Inhaler nebulizer
- rest
- other _____

Your child:

- Had a peak flow reading that: stayed in the _____ zone after treatment
- returned to class returned to the _____ zone after treatment
- remained in the health office
- other _____

Because an asthma episode may happen again, please observe your child closely.

- Please make an appointment for your child to be seen at her/his clinic (bring this form with you).
- Ask your Health Care Provider for a new or updated Asthma Action Plan (fax to _____).
- Ask your Health Care Provider regarding the need for, or adjustment of, medication/s.
- For your information only
- Other _____

When your child sees a Health Care Provider for asthma, please tell the school health office. Please let us know of the plan for your child's asthma care and give us a copy of the Asthma Action Plan so we can better care for your child at school. If you have questions, please call: _____.

Licensed School Nurse

Adapted From: Minneapolis Healthy Learners Board Asthma Initiative

Notification sent: <input type="checkbox"/> Student <input type="checkbox"/> US Mail <input type="checkbox"/> Telephone
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