

Use of Unassigned Albuterol: Report to Parent/Guardian

For students with a reported asthma diagnosis

To the parent/guardian of _____ Date _____

Your student visited the school health office today with these problems:

- | | |
|---|---|
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Chest tightness | <input type="checkbox"/> Problems breathing |
| <input type="checkbox"/> Problems doing P.E. because it was hard to breathe. | |
| <input type="checkbox"/> Many visits to school health office because of problems breathing/asthma | |
| <input type="checkbox"/> Has required emergency treatment because it was hard to breathe. | |
| <input type="checkbox"/> Other _____ | |

At the school's health office, we helped by:

- Giving your student their prescribed medicine
- Giving your student a breathing treatment with quick relief medication (Albuterol).
Dose: _____ Time: _____
They returned to class when they felt better.
- Contacting EMS for problems breathing/asthma

Please bring the checked items to the school health office. This will help the school support your student's health.

- New or updated Asthma Action Plan from your child's doctor (Sample attached)
- School Medicine Authorization form Medicine your child needs to use at school.
- A spacer for their inhaler to help them use their medicine.

Other Note: _____

Please share this form and information with your student's health care provider.

Please let us know if you would like help in finding a health care provider.

Please feel free to contact us if you have any questions or concerns. Thank you!

Sincerely,

Name _____ Contact Information _____