



Date _____

Follow-up after an Asthma 411 treatment

_____ (student) had a breathing treatment at school today because they had trouble breathing.

They will need to visit the school's health clinic tomorrow _____ (date) during _____ (class period) for a short follow-up visit.

If you have questions, please contact _____ (health staff's name) at _____ (extension or email).

Signature _____



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