

Use of Unassigned Albuterol: Report to Parent/Guardian

For students *without* a reported asthma diagnosis

To the parent/guardian of _____ Date _____

Your child 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"/> Problem breathing |
| <input type="checkbox"/> Problems at P.E. because it was hard to breathe. | |
| <input type="checkbox"/> Needed emergency care because it was hard to breathe. | |
| <input type="checkbox"/> Other _____ | |

To help them breathe better, the school health office:

- Gave quick relief medication for breathing problems (Albuterol).
Dose: _____ Time: _____
- Contacted EMS for problem breathing
- Other _____

- **It is important to see your student's health care provider today!** Please bring this report and the Frequently Asked Questions (FAQ) information to your health care visit.
- The quick relief medicine helps a person breathe for 4-6 hours. Problems can return at any time!
- Asthma is a common cause of breathing problems in children and teens. People with asthma need medical care so they can breathe easily.
- Other problems can cause the breathing problem your student had today. Your health care provider can let you know what caused the problem and what medical care is needed.

Please bring the checked items to the school health office after you see your health care provider.

- | | |
|--|--|
| <input type="checkbox"/> Asthma Action Plan from your child's doctor (Sample attached) | |
| <input type="checkbox"/> School Medicine form | <input type="checkbox"/> Medicine your child needs at school |
| <input type="checkbox"/> A spacer for their inhaler | <input type="checkbox"/> Report of asthma diagnosis |
| <input type="checkbox"/> Other _____ | |

Please let us know if you would like help finding a health care provider. You can contact us if you have any questions or concerns. Thank you!

Name _____ Contact Information _____