



Asthma 411

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 _____



Asthma 411

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 _____