



Asthma Visit Report to Parent/Guardian
Health Services Department
Asthma 411

To the parent/guardian of _____

Date _____

Your child visited the school nurse today with these problems:

- Wheezing
- Coughing
- Problems breathing
- Chest tightness
- Problems doing P.E. because of problems breathing/asthma
- Many visits to school health office because of problems breathing/asthma
- Has required emergency treatment from problems breathing/asthma

At the school's health office, we helped with their problems breathing/asthma by:

- Giving your child their prescribed medicine
- Giving your child a breathing treatment (Albuterol inhaler). Then, they returned to class when they felt better. (Information attached)
- Contacting EMS for problems breathing/asthma
- Other _____

Please send the items below to the school nurse. This will help the school support your child's health.

- New or updated Asthma Action Plan from your child's doctor (Sample attached)
- Medicine permission form
- Any other medicine your child needs to use at school
- A spacer for their inhaler to help them use their medicine
- Signed Asthma 411 consent form. (See attached)

Please make an appointment with your child's health care provider. Bring this form with you to share with the health care provider.

Please feel free to contact the school nurse if you have any questions or concerns.

Thank you!

Sincerely,

School Nurse

Contact Information