**Asthma / Breathing Problem Visit Notification**

Date: Dear Parent or Guardian of: Room/grade:

**Your child was seen in the health office with asthma or breathing problems with the following symptoms:**

Wheezing

Persistent coughing

Shortness of breath / trouble breathing / tight chest

Peak flow in the yellow zone

Peak flow in the red zone

Other:

**The following care was given:**

Quick relief/rescue medicine given  Inhaler  Nebulizer Time given:

Rest

Other:

**Your child:**  Had a peak flow reading that:  Stayed in the zone after treatment

Returned to the zone after treatment

Returned to class

Remained in the health office

Other:

**Because an asthma episode or breathing problem may happen again, please observe your child closely**

Please make an appointment for your child to be seen at her/his clinic (bring this form with you).

Ask your Health Care Provider for a new or updated Asthma Action Plan (fax to ).

Ask your Health Care Provider regarding the need for, or adjustment of, controller medications.

For your information only

Other:

When your child sees a Health Care Provider for asthma or breathing problems, please tell the school health office. Let us know the plan for your child’s asthma care and give us a copy of the Asthma Action Plan so we can better care for your child at school. Did you know that children with asthma should have at least 2   
“well Asthma Check-ups” every year at their clinic and get a flu shot every fall, even if they are doing well? Questions? Please call us at:   
  
Health Service Assistant or LPN:

Licensed School Nurse:

| Notification sent:  Student  US Mail  Telephone  email |
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