**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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