Dear Health Care Provider,

__________________________________________

this student was seen in the school health office for problems with his/her asthma. The following is a brief summary of school observations:

**Presenting symptoms:**
- Cough
- Wheeze
- Tight chest
- SOB
- Respiratory rate __________
- Acute respiratory distress
- Other ____________________

**School absences # __________**

**Comments:**

__________________________

__________________________

**Precipitating Factors:**
- Cold symptoms
- Exercise
- Cold Air
- Other trigger/irritant/allergen exposure (specify) __________________
- Reports not taking daily long term control medicine regularly
- Other ____________________

**Medication in the health office:**
- Quick-relief medicine ____________________
  __ via MDI with spacer __ via nebulizer __ via breath-actuated MDI
- Long term Control medicine ____________________
- Other ____________________

**Other data/comments:**

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**To support this student’s asthma management at school, please address:**
- Medical evaluation of this child
- Current Asthma Action Plan signed by the health care provider (may serve as medication consent form)
- Medication / spacer / PF meter for school (circle item)
- Home care referral (for asthma education, environmental assessment and follow-up in home)
- Asthma Case Management (for care coordination, arranging education, transportation, follow-up)
- Other

School Nurse: ________________________________ Date Request Sent: __________

Date Copy Sent to Parent: ____________________

Adapted from: Minneapolis Healthy Learners Asthma Initiative