



SAHUARITA UNIFIED SCHOOL DISTRICT #30

SAHUARITA HIGH SCHOOL
SAHUARITA MIDDLE SCHOOL
SAHUARITA PRIMARY SCHOOL
ANZA TRAIL SCHOOL

WALDEN GROVE HIGH SCHOOL
SAHUARITA INTERMEDIATE SCHOOL
SOPORI ELEMENTARY SCHOOL
COPPER VIEW ELEMENTARY SCHOOL

EARLY CHILDHOOD CENTER



SCHOOL HEALTH SERVICES

Parent Asthma Information Letter

To the parent of \_\_\_\_\_

Date: \_\_\_\_\_

While reviewing the Student Health History Form you completed for your child, it was noted you indicate he/she may have Asthma.

In order to provide better health care services for your child in school, we need to know if this is currently an issue, and if your child requires special care and/or observation for this condition at school.

Please complete the section below and return to me at school, with appropriate documentation as requested. If you have any questions or concerns please feel free to contact me at any time. All medical information is confidential and will be shared only with teaching staff working directly with your child.

Thank you.

\_\_\_\_\_  
School Health Staff

Please check the box next to the most appropriate statement for your child, sign the bottom of this page and return to the school health office.

- Parent Asthma Information Letter checklist items including: This is no longer a health concern, My child DOES have asthma, Prepare your child, Keep school staff up-to-date, and PLEASE PROVIDE THE FOLLOWING DOCUMENTS ANNUALLY TO THE SCHOOL HEALTH OFFICE.

\_\_\_\_\_  
Name of Parent and/or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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SCHOOL HEALTH SERVICES

Parent Asthma Questionnaire
To Be Completed By Parent

SY \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Emergency Contacts:

Name/Relationship Telephone Number(s)

1. \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_

2. \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_

Does your child currently take medication for asthma? [ ] Yes [ ] No

Your child's asthma is treated by (check all that apply)

- [ ] Oral medication everyday
[ ] Medication when an asthma attack occurs
[ ] Nebulizer/inhaler treatments everyday
[ ] Nebulizer/inhaler treatments when an asthma attack occurs
[ ] My child's asthma has not required treatment since \_\_\_\_\_

Please list the medication(s) your child is currently taking \_\_\_\_\_

If these medications need to be provided at school, a Consent to Administer Medications to Students Form must be completed. You can obtain this form online or at the school health office.

Please check all triggers which may start an asthma episode for your child:

- [ ] exercise [ ] respiratory infections [ ] cold air
[ ] animals [ ] plants/dust [ ] other \_\_\_\_\_

Please list your child's usual symptoms of an asthma attack.

\_\_\_\_\_

Please list any special instructions regarding field trips, recess, physical education classes.

\_\_\_\_\_

If your child uses a Peak Flow Meter, what is the personal best flow number? \_\_\_\_\_

If a Peak Flow Meter is to be used at school, please have the child's licensed health care provider provide treatment guidelines on the

Asthma Medical Treatment Plan for School Form.

Signature of Parent/Guardian

Date



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SCHOOL HEALTH SERVICES

Asthma Medical Management Plan for School

Valid for 1 school year. To be completed and signed ANNUALLY by licensed Primary Care Provider/Physician

Student's Name: D.O.B: Teacher:

Steps to take during an asthma episode:
Daily Asthma Management Plan
Identify the things which start an asthma episode (Check all that applies to the student.)
Control of School Environment
Peak Flow Monitoring

For rescue inhaler (albuterol)

(Please Check One)

- I have instructed (student name) in the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and use his/her Albuterol Inhaler medication by him/herself and school.
It is my professional opinion that (student name) SHOULD NOT carry his/her Albuterol Inhaler medication by him/herself at school.

Physician's Name

Phone Number:

Physician's Signature

Date:

(Required)

Parent/Guardian's Name:

Phone Number:

Parent/Guardian's Signature

Date: