

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services  
District Nursing Services

**ASTHMA CARE PROVIDER INFORMATION**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Care Provider

Re: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Name

From: \_\_\_\_\_ School Nurse \_\_\_\_\_ School \_\_\_\_\_ School phone \_\_\_\_\_

I am at this school on the following day(s):  Mon.  Tues.  Wed.  Thurs.  Fri.

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**We are working to eliminate or minimize school days and class time missed because of asthma. As the health provider for this student, please help us achieve this goal.**

The following information is for your review. The student:

- Missed \_\_\_\_\_ days in \_\_\_\_\_ period of time, possibly due to asthma.
- Is not complying with asthma medication or the treatment plan you have provided
- Is not participating in P.E. because of symptoms related to asthma.
- Visits the school health office frequently because of symptoms related to asthma.
- Is not using their controller medication as prescribed.

The student/family also report the following information to the school nurse:

- Using a quick relief inhaler (albuterol) more than two times per week.
- Awakenings at night with asthma symptoms more than two times per month.
- Refilling a quick relief inhaler (albuterol) more than two times this year.<sup>1</sup>

If you feel it is appropriate, please help us with the following:

- Please complete an Asthma Action Plan so that we can assist this student at school.
- Please reassess this child's severity and current medical regimen.
- Please provide an additional MDI and spacer for use at school.

The family was asked to schedule an appointment with you to discuss these issues. Please contact me at the above telephone number if there are questions or concerns.

<sup>1</sup> Adapted from NAEPP (2003). Managing Asthma: A Guide for Schools. National Institutes of Health, National Heart, Lung, and Blood Institute, Bethesda, MD.