Teacher Information Sheet

The following can be given to your child's teacher.

_____ has (mild / moderate / severe) asthma. Most of the time he/she can be as active as any other child. He/She should be allowed to participate fully in all activities unless you notice that this seems to provoke coughing, wheezing, or chest tightness. If you observe these symptoms during play or exercise please make me aware of this. I will consult the doctor to work out a plan to better control these symptoms.

If you notice a persistent cough or wheezing or other signs of difficulty breathing, please have him/her take the medications available to control these symptoms. In addition, a drink of water and relaxed breathing will help alleviate these symptoms.

Running activities may cause him/her to cough or wheeze, but this can be controlled by using the medication which he/she has available. If he/she uses medication before the activity, it should prevent any asthma symptoms. If the activity has been pre-treated and still provokes coughing, wheezing, or chest tightness, please let me know. This is an indication that his/her asthma is not being well controlled.

He/She should not be involved in running or prolonged exercise or exposure to severely cold air. After a viral episode, there is often inflammation within the airways that lasts longer than the asthmatic has visible symptoms. These symptoms may be provoked more easily while this inflammation is present. With appropriate treatment, the inflammation and hyper-responsive symptoms will be controlled.

The medicine that he/she takes may cause headaches, stomach aches, or make him/her fidgety or jumpy. Please let me know if you notice these signs. Also please let me know if you consider his/her behavior inappropriate. He/She should not be allowed to misbehave any more than any other child in class.

The following is approved list of medications to take and directions for use.

_____ take _____ puffs as directed.

Please feel free to contact me or my doctor's office if you have questions.

Phone:

Doctors name: _____

Phone number: _____

Signed,