

Child Name: _____ DOB: _____

Caregiver Name: _____

Caregiver Telephone #: () _____

Date: _____



Dear Health Care Provider,

You have been identified as the child's asthma care provider. Please review the necessary items for asthma care and address them.

We do not have the following item(s) needed for asthma school care:

- Colorado Asthma Care Plan – faxed back to our school
- Quick relief inhaler for school
- Spacer for school
- Other: _____

If you have questions about this program please contact me.

Sincerely,

School: _____

E-mail: _____

Phone: _____

Fax: _____

Health Care Practice

Health Care Provider Name

Fax



For more information about asthma, please visit Coloradokidswithasthma.org OR scan the QR code