

## Family / Caregiver Asthma To-Do List



Student's Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Thank you for talking with us. The goal of the Better Asthma Control for Kids (BACK) is to help your child control their asthma. We want your child to have the same opportunities as other children to learn, grow, and be physically active. To achieve this goal, we need your help.

Please review the list of actions below. Items with an **X** beside them are ones we need your help with.

- Arrange for your child to be seen by their health care provider** for an asthma assessment. This information will ensure that your child is receiving the appropriate treatment to control their asthma, and allow you to get the following items and return them to the school nurse's office:
- A completed and current **Colorado Asthma Care Plan** signed by your child's physician/health care provider since May of this year.
- A non-expired **quick relief inhaler**, such as Albuterol, Proventil, Ventolin, or Pro-Air.
- Complete the enclosed **Asthma Intake Form** and return it to the school nurse.
- Other: \_\_\_\_\_  
\_\_\_\_\_

School Nurse's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like to discuss your child's asthma or need help completing the above checked activities, please contact me by phone or e-mail.

Sincerely,

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_



For more information about asthma, please visit [Coloradokidswithasthma.org](http://Coloradokidswithasthma.org) OR scan the QR code

**For school nurse;** Please enclose the following items with this letter:

- Colorado Asthma Care Plan
- Asthma Intake Form