

Health Office Memorandum

CONFIDENTIAL STUDENT INFORMATION

DATE:

TO:

FROM:

RE: Student (s) with ASTHMA _____

This memorandum is to notify you that the above student or list of students have a health condition that may affect attendance or learning.

Diagnosis/Condition: The attached is a list of students who have a diagnosis of asthma or bronchitis. Please inform the office when the student is coughing, wheezing or is short of breath so student can receive care for breathing difficulty. Keep the student calm. When the student is having difficulty breathing call the office for a wheel chair, DO NOT SEND STUDENT ALONE. Limit outdoor activities when the temperature is high and there is a high concentration of air pollution.

Comments:

Student has an inhaler at school	Yes	No
Student uses an inhaler before PE	Yes	No

Health Office Memorandum

CONFIDENTIAL STUDENT INFORMATION

DATE:

TO:

FROM:

RE: Student (s) with PEANUT ALLERGY: _____

This memorandum is to notify you that the above student or list of students have a health condition that may affect attendance or learning.

Diagnosis/Condition: Avoid peanuts or food items which could be made from peanuts. If the student comes in contact with peanut products contact the health office immediately. Signs of an allergic reaction may include the following: rash, coughing, wheezing, hives, swelling about the face, mouth and eyes, breathing problems and unconsciousness.

Comments:

Student has an Epi Pen at school.	Yes	No
Student has Benadryl at school.	Yes	No

SECTION 4