

# Suggestions on when to use fax/letter to HealthCare Professional

1. Contact requires prior parental consent.
2. School nurse will contact the student's health professional office of record.
3. Parents will be notified of all contacts.
4. Method of contact is by phone call for urgent issues and by fax for non-urgent concerns.

## **Contact is Recommended if:**

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Child or adolescent visits school nurse or requires unplanned intervention from teacher or coach:

More than once in any day

Three visits to school nurse in two weeks

Is considered too sick for school and sent home

Is in the red zone but does not require 911 call

After 911 procedure is complete and child is in ambulance

## **Other Issues:**

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Outdated inhaler prescriptions

Outdated asthma action plan

Nurse has concerns of asthma symptoms with no asthma action plan on file

Request from health professional for on-going feedback on a particular student's asthma control

# ***SCHOOL TEMPLATE***

*Fax/Letter to Healthcare Professional*

This form may be duplicated or changed to suit your needs and your patients' needs.

**FAX  
Or  
Portal**

To:		Fax #:	
From:		Fax #:	
Pages (total):		Date:	

Dear: \_\_\_\_\_ [name of student's health care professional]

I am writing about your patient, \_\_\_\_\_ Date of birth \_\_\_\_\_

**A. Problems due to asthma/asthma symptoms.**

- Missed \_\_\_\_\_ days of school in \_\_\_\_ period of time.
- Is not fully participating in physical education.
- Visited school health office more than 2x in one day.
- Visited school health office more than 3x in past 2 weeks.
- Has required emergency management of asthma. (eg: 911, ER referral)
- Other \_\_\_\_\_

**B. Needs medications or forms**

- Has expired albuterol at school and needs new prescription. [parents have been contacted]
- Has a history of asthma by parental report but no albuterol at school.
- Has a history of asthma by parental report but no asthma action plan at school.
- Other \_\_\_\_\_

A signed parent consent form to exchange information with the school is attached.

An unsigned parent consent for this year is needed to continue to exchange information with the school: See attached and please ask parent to sign this at next visit.

Please call me at \_\_\_\_\_ if there are any questions or concerns. Thank you!

Sincerely,

\_\_\_\_\_  
School nurse signature

\_\_\_\_\_  
School nurse printed name

School: \_\_\_\_\_  
Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Best days/time: \_\_\_\_\_

***(Suggestions on when to use the fax/letter to Healthcare Professional on back)***