



9. Does your child need any special considerations related to his/her asthma while at school? (Please check any that apply and briefly describe consideration needed.)

\_\_\_\_\_ Modified PE class \_\_\_\_\_

\_\_\_\_\_ Modified recess outside \_\_\_\_\_

\_\_\_\_\_ No animal pets in classroom \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Comments and/or special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your assistance in assessing your child's at-school needs.

\_\_\_\_\_  
*Signature of parent/legal guardian*

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED name of parent/legal guardian

\_\_\_\_\_  
*Signature of school nurse*

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED name of school nurse