

**Morgridge Academy**

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. **DIAGNOSIS:**

Asthma: \_\_\_\_\_  Mild  Moderate  Severe  N/A

Other Diagnosis \_\_\_\_\_

2. History of Exercise induced Asthma:  Mild  Moderate  Severe  N/A

3. Physical Findings: \_\_\_\_\_

4. PRN: Albuterol MDI 2 puffs or Albuterol 2.5mg nebulizer premix vials  Yes  No

Or \_\_\_\_\_

Pretreatment for exercise: Albuterol MDI 2 puffs or \_\_\_\_\_  Yes  No

Other Medications:	Dose:	Route:	Frequency:	To be given at school:
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Allergies (Food Allergies please include a Food Allergy Action Plan) \_\_\_\_\_

6. Is there a history of learning difficulties?  Yes  No

If yes, please explain \_\_\_\_\_

7. History of emotional/behavioral disorders?  Yes  No

If yes, what is current mental health diagnosis? \_\_\_\_\_

8. Individual or family psychotherapy indicated?  Yes  No

9. Medical adherence issues? \_\_\_\_\_

10. Influenza vaccine with parent permission?  Yes  No

I prescribe that the medications are to be given as listed.

I prescribe that the inhaled medications be used with an appropriate spacer.

I agree that the student may receive a dose of Acetaminophen based on student's weight once a day PRN.

I agree that the student may receive a dose of liquid antacid 10-30cc Q day PRN indigestion.

I prescribe that student may complete a normal saline nasal/sinus rinse PRN

I am referring this student to Morgridge Academy at National Jewish Health because it is the Least Restrictive Educational Environment to manage their medical needs.

I recommend a flu shot.

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Fax Number

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Address