

Dear Dr. _____,

The school team at _____ School is looking forward to an excellent year for your patient, _____.

Our School Asthma Management Program will provide:

Health Services:

The school nurse, _____ will usually be in on: _____.

The health assistant, _____ will be available at other times.

In order to provide the best possible school asthma management for your patient, we request your assistance with the following:

1. Please complete the attached asthma management plan or provide comparable information on another form.
2. Please complete the attached medication administration form for any medications that may need to be administered in school. Students may self-carry and administer their quick relief medications if you and the parents indicate approval on the form.
3. Please let us know if your patient has additional needs.
4. Please help us support families by connecting parents with one another, referring them to support groups and other community resources.
5. Let us know if you need additional copies of information on educational rights and responsibilities (IDEA, Section 504 of the Rehabilitation Act of 1973) in asthma education programs and materials for your patients.

We look forward to working with you and the American Lung Association of _____ as we join together to support students with asthma. Thank you for your help.

Sincerely,

Principal

School Nurse