

Dear _____:

The school team at _____ school is looking forward to an excellent year for your child, _____. In order to provide the best possible school asthma management for your child, we request your assistance with the following:

Please

1. Obtain an asthma management plan—a physician's/healthcare provider's statement of your child's treatment goals, medication, and peak-flow plan, and environmental risk reduction measures. Please include guidelines for managing symptoms during special school or off-site events (recess, gym, outdoor play, field trips, parties, art class, etc.). You may use the attached Asthma Action Plan.
2. Meet with the school nurse and school administrator—before school entry and as needed—to explain your child's condition, medication, devices, and environmental triggers.
3. Submit the Medication Administration form for any medication that is administered in school. Please properly label your child's medications and personally bring them to school.
4. Meet with teachers to set up expectations for maintaining communication and continuity during absences.
5. Prepare your child. Discuss and rehearse the medication plan, how to handle symptoms, triggers, food restrictions, and school policies.
6. Keep the school staff up to date on any changes in your child's asthma action plan.
7. Keep your physician up to date on appropriateness of school services and supports.
8. Participate in advisory committees to support and improve comprehensive school health services and programs.

Thank you for working with us to assist your child.

Sincerely,

Principal

School Nurse