

Letter to School Nurse

My child _____ has asthma. I hope the following information will help you manage any symptoms that might occur during school hours. I have attached an Asthma Action Plan. Please notify me if my child has any difficulty with his/her asthma.

Medication _____	Medication _____
Dosage _____	Dosage _____
Time taken _____	Time taken _____
Side effects _____	Side effects _____

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Dosage _____	Dosage _____
Time taken _____	Time taken _____
Side effects _____	Side effects _____

(If appropriate)
My child uses a peak flow meter at home. His/Her base line number is _____.
Early warning signs (of an acute episode) include:

(If appropriate)
My child requires the following medications prior to physical exercise:

My child has a good understanding of when he/she needs the inhaler. Please trust his/her judgment. If you have any questions, please don't hesitate to call:

Mother's name _____	Father's name _____
Daytime phone _____	Daytime phone _____
Home phone _____	Doctor's name _____
	Office Phone _____

Thank you for your cooperation.
Sincerely,