

Dear Parent,

I feel it is important to review the necessary precautions to care for your child with asthma. This information is necessary so that your child maintains an optimal level of health as well as achieving maximum academic performance.

First of all, please make sure you complete the enclosed forms and return it to your school _____ who will forward them to me as soon as possible. This will serve as a guide for school personnel in the daily care of your child, so it is **very important everything is complete**.

Secondly, if your child will need an inhaler or nebulizer at school, state law requires a physician must give permission. You will need to provide the following:

1. **Completed Health Care Plan** returned to school.
2. **Medication Administration Form** must be completed and signed by physician and parent then returned to school along with the care plan. If an inhaler is to be carried with student for self-administration, the physician must order this on the medication administration form and must be signed by parent.
3. We also encourage you to provide a **second inhaler** to be kept in school's medicine cabinet in case your child forgets their inhaler.

Finally, I encourage you to maintain regular contact with your child's teacher. No one knows your child as well as you do and if you perceive changes in your child's study habits or health condition please discuss the matter with the teacher and/or school nurse so that the student's overall status is not adversely affected.

If you have any additional questions or concerns feel free to contact me at 326-_____. You may also refer to Harrison County Policy Guide or the county website www.harcoboe.com.

Sincerely,

School Nurse

***If your child no longer requires a Health Care Plan please sign below and return to school secretary.**

My child _____ does not require asthma medication or an asthma care plan for the _____ school year.