

OFFICE OF THE SCHOOL NURSE

DATE: _____

MEMORANDUM FOR: Parents/Sponsor of _____

SUBJECT: Asthma

An indication was made on your child's health record that he/she has asthma. In order to understand your child's needs, more information is requested. Please take a few moments to fill out the enclosed questionnaire. Take special care to include medications your child takes, even if they will not be taken at school. If you are unsure as to whether or not information would be important, please list it anyway. The more information we gather, the more prepared we will be in case an emergency arises.

Our goal is to keep asthmatic children in school as much as possible. Prompt and appropriate treatment is only possible if the school is aware of the treatment regime your child is receiving and has the medication available for administration in the school setting.

Prompt treatment of asthmatic attacks shortens the duration and severity of the attack. The use of peak flow monitoring has been useful in the early treatment of asthma attacks, thus reducing the severity of the attack. A Peak Flow Monitoring program will begin for your child. A baseline is established using your child's age and height. This baseline will be used to determine the extent of respiratory involvement and the need for PRN medication.

All medications administered at school require signed parent permission and signed doctor's instructions. **INHALERS ARE PRESCRIPTION MEDICATIONS.** Please bring to school your child's medication in a pharmacy labeled container along with the required "Medication During School Hours" consent form (copy attached) signed by yourself and the child's primary physician.

If you would like more information regarding asthma care, please feel free to call me at school "insert school phone number." The last page of this packet is a reference list for parents. Accurate, up-to-date information may be ordered using the attached form.

School Nurse Signature and Title