



Student Name: _____

Date: _____

Dear Parent/Guardian,

You are receiving this letter because you have indicated your child has asthma. To ensure quality care is given to your child please make certain you return all required forms indicated in the checklist below to the school nurse. Please note that some forms require a physician's signature.

All students with asthma need to bring:

- Asthma Questionnaire
- Asthma Action Plan (Physician's Signature Required)
- Medication(s) with pharmacy prescription label(s) attached. Medication cannot be expired.

If your child uses an inhaler, you may also need:

- If age appropriate, physician documentation on the Asthma Action Plan that student is able to self-administer and self-carry his/her rescue inhaler. Students with physician permission to self-carry their rescue inhaler must ensure the rescue inhaler is properly labeled with the pharmacy prescription label and is not expired.
- If student participates in athletics, an extra rescue inhaler to be kept in the gym for after school practices and athletic travel. Please remember all medications must not be expired and must have the pharmacy prescription label attached.

If your child uses a nebulizer, you will also need:

- Mouthpiece or Face Mask, and tubing for nebulizer

Thank you,

Maud I.S.D. School Nurse