

SCHOOL NURSE PROGRAM

Dear Parent/Guardian,

As noted in your child's medical record, your child has a history of ***ASTHMA***. New asthma forms are required each school year. Please complete the attached forms and send in your child's asthma medication **ASAP / before the beginning of the school year**.

1. Asthma Treatment Plan
2. Medication Administration Form
3. Metered Dose Inhaler (MDI) & Spacer (if necessary)
 - Inhaler must be in original pharmacy box with label including prescription number, child's name, medication name, prescribing physician and expiration date.
 - Due to the Covid-19 Pandemic, medications requiring a nebulizer are **NOT PERMITTED** to be administered in school at this time. Do not send liquid inhalation solution to school. Only metered dose inhalers (MDIs) will be administered at school.

THE ENCLOSED FORMS MUST BE SIGNED BY A PARENT AND A PHYSICIAN FOR YOUR CHILD TO RECEIVE MEDICATION IN SCHOOL.

If your child does NOT require medication in school for asthma please sign below and return blank forms to the school nurse.

Parent Name: _____

Parent Signature: _____

Date: _____

Thank you for your cooperation.

School Nurse