

LETTER TO PARENTS ASTHMA

TO: Parents
FROM: School Health Clinic
DATE: _____
SUBJECT: Asthma

You have told us that your child has asthma.

Please fill out the attached *Asthma Action Plan* and return it. I will share the information with the appropriate personnel such as your child's classroom teacher(s) and physical education teacher. This information will help them work with your child to minimize unnecessary restrictions, feelings of being treated differently, and possible absenteeism.

To help your child, please let us know of changes in your child's asthma or medication schedule.

Enclosure

ASTHMA ACTION PLAN

Student Information

Student: _____ Birthdate: _____

Grade: _____ Homeroom Teacher or Class: _____

Physical Education Days and Times: _____

Emergency Information

Parent(s) or Guardian(s) _____

Mother: Tel (W) _____ Tel (H) _____

Father: Tel (W) _____ Tel (H) _____

Physician _____ Tel _____

In case of emergency, contact:

1. Name _____ Tel _____

2. Name _____ Tel _____

3. Name _____ Tel _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

- Difficulty breathing, walking, or talking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms.

These signs indicate the need for emergency medical care. The steps that should be taken:

- Activate the emergency medical system in your area. Tel _____
- Call parent/guardian or physician.

Triggers: _____

Personal best peak flow _____