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Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: John Cervantes • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

Date: \_\_\_\_\_

Dear Parent(s)/Guardian(s) of \_\_\_\_\_:

Enclosed are the required forms for your student's Specialized Physical Health Care procedure for Asthma with Inhaler.

Please complete and sign the enclosed:

- **Parent section of the *Parent/Physician Request for the Administration of Medication (inhaler)***
- **Parent section of the *Asthma Action Plan***
- ***Asthma Health History*.**

Please ask your physician to complete and sign the enclosed:

- **Physician section of the *Parent/Physician Request for the Administration of Medication*.**
- ***Asthma Action Plan***

We can keep an inhaler, nebulizer & peak flow meter in the health office at school. The medication is to be supplied by the parent in the original container labeled with the student's name. All asthma inhalers are to be kept in the health office unless the doctor & parent has signed the section of the ***Parent/ Physician Request for the Administration of Medication*** that states "This student is trained to use asthma inhaler and student may self-administer on campus". The school nurse will need to ok the paperwork. The student will need to demonstrate the ability to properly use the inhaler.

Please return the entire packet & medication to your school's Health Office during **the week before the first day of school**, which is \_\_\_\_\_. This will allow enough time for me to review the forms and plan for his/her procedure, or to contact your physician if more information is needed. Please call me if you have any questions or concerns at \_\_\_\_\_. Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
School Nurse RN