



5130 Riverside Drive • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us  
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

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

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

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

Please complete and sign the enclosed:

- ***Parent's Request for Having Specialized Physical Health Care Services (SPHCS) Provided***
- ***Parent section of the Parent/Physician Request for the Administration of Medication (nebulizer)***
- ***Parent section of the Asthma Action Plan***
- ***Asthma Health History.***

Please ask your physician to complete and sign the enclosed:

- ***Physician's Authorization for Specialized Physical Health Care Services (SPHCS) Provided***
- ***Physician section of the Parent/Physician Request for the Administration of Medication.***
- ***Asthma Action Plan***
- ***Modified Physical Education or Daily Recess Restrictions***

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,

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