



Health and Wellness Services

1200 South Barr Street • Fort Wayne, IN 46802 • Phone: 260.467.1080 • Fax: 260.467.2862

Dear Parent/Guardian:

In order to provide the best possible school asthma management for your child, we request your assistance with the following:

Please fill out and complete the attached **Parent/Physician Information asthma care plan**. Please note that a physician's signature is required if your child needs special considerations or restrictions like modified gym class, modified recess, no pets in classroom, avoid certain foods, self-carry an inhaler, special transportation or any emotional or behavioral consideration.

Please fill out and complete the attached **Consent to Release Medical Information form**. This form will allow your school nurse to be able to communicate with your doctor regarding your child's health needs while at school and to communicate important changes when needed.

Please fill out and complete the attached **Medication Administration form** for any medication that will need to be administered during school hours. Please note medication policies and procedures provided on the back of this form. **Please properly label your child's medications and personally bring them to school. Self-Carry Permits for inhalers** require a physician's signature and the **Self-Carry Permit form** must be turned into the nurse.

All forms should be completed and returned to the school nurse in a timely manner to help ensure asthma management is met for your child.

Talk with teachers to set up expectations for maintaining communication and continuity during absences.

Prepare your child. Discuss and rehearse the medication plan, how to handle symptoms, triggers, food restrictions and school policies.

Keep the school staff up to date on any changes in your child's asthma action care plan.

Keep your physician up to date on appropriateness of school services and supports.

Thank you for working with us to assist your child.

Sincerely,

School Nurse

Telephone

Date