



We are aware that your child has a history of asthma. This information needs to be updated annually to assure accurate information.

Student name: _____

_____ **My child's asthma is no longer a concern.** Sign and return to your child's school. No additional forms needed.

Print parent/guardian's name

Date

_____ **My child's asthma continues to be a concern.** Complete the Asthma Action Plan and return to your child's school.

1. Complete the Asthma Action Plan signed by physician and parent/guardian. This form needs to be completed whether your child needs medication at school or not.
2. Turn in the medication in a current-labeled container provided by your pharmacy. Students requesting the use of the school nebulizer (if available) must supply their own tubing, mouth piece and medications. Check expiration date prior to sending medication to school.
4. Qualified students will be allowed to carry their own inhaler. Complete the inhaler contract on the parent page of the Action Plan. **It is recommended to have back-up inhaler kept in Health Services.**

For questions, contact Amy Jorgenson, CMA – Health Clerk by email or phone. Please return this information back to the school as soon as possible.

Thank you
Amy Jorgenson, CMA – Health Clerk