

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