



School District
School Health Services
School Name

School Nurse Teacher

School Nurse's Name

School Nurse Teacher

Fall 2006

Dear Parents,

This note is for parents of students who have asthma or who may need to use inhalers here at school. I have a few reasons for writing to you: 1) **Peak Flow** readings for your student, 2) request for completion of the **Asthma Questionnaire**, and 3) to share 2 **flyers** with you about asthma.

The students have completed 2 weeks of twice daily **peak flow** readings. These readings have given a baseline for your child's usual exhaling ability. Now when your child comes to tell me s/he is having breathing difficulties, I can compare new readings with the baseline for your child. It will show me if your child is less able to exhale and that treatment is needed. I suggest that you share the graph with your pediatrician and talk more with him/her about using a peak flow meter at home if you don't already use one.

Would you please complete the **Asthma Questionnaire** that is enclosed? This form will help me understand your child's asthma and the steps that the doctor recommends be taken for management. It will also give me a start on my plan for caring for your child here at school. Please return the form in the next week.

Asthma, "Don't Let Asthma Knock the Wind Out of Your Child!" is a **flyer** from the Health Department. Perhaps you will find some new and interesting information about asthma in there. *"Is Your Child's Asthma in Control: Rules of Two"* is the second flyer. It will give you valuable guidelines for deciding when more asthma care is needed.

I am looking forward to working with you and your child toward having the best year yet! If you have any questions or anything new about your child's care, call me at (area code) XXX-XXXX.

Sincerely,

School Nurse's Name
School Nurse

School Address & Contact Information should go here