



**School District**  
**School Health Services**  
**School Name**

School Nurse Teacher

**School Nurse's Name**

*School Nurse*

June 2006

Dear Parents,

You will find two forms included in this letter. One is a chart of Peak Flow Readings for your child that you can keep and the other is a blank form, the Asthma Action Plan, *which needs to be returned in September.*

The copy of **Peak Flow Readings** is what we have charted for the year for your child. It shows the usual range that I found your child to be in. Perhaps you will find this data helpful as you are treating your child's asthma. I suggest that you share the data with your child's doctor at the next visit.

The second form is the **Asthma Action Plan**. *Please complete that and return it to me (or the nurse in your child's new building) by September.* There are 2 ways to use this form. The first way is as a communication tool between you and the school. You can complete as much of the information as you want the nurse to know about your child's asthma. The more you are able to tell us the better we are able to care for your child in school. Please sign your name anywhere at the bottom, there is not a specific place for parents to sign.

The other way the form can be used is to communicate between you, your child's doctor, and the school. This form can be used as the **Doctor's Order** for any asthma medication that your child needs to have in school. You and the doctor will fill out the form together and then both signatures are need at the end.

If you have any questions you can reach me daily until June 26. After that, leave a message and I will get back to you. I will be back in the office starting on September 5.

Have a great summer! I'm looking forward to seeing many of the children back at {school name} next fall. If you are moving on, my very best to you and be sure to keep in touch with the school nurse where ever you might be!

Sincerely

School Nurse's Name  
School Nurse

School's Contact information should go here