

SCHOOL TEMPLATE

Letter to Parents or Guardians

(SCHOOL DISTRICT LETTERHEAD TO GO HERE)

Dear _____:

The school staff at _____ (school) is looking forward to an excellent year for your child, _____.

(School Personnel: The items listed below are examples of what your school might offer, please be sure to read through them and update to best meet your school objectives.)

Our School Asthma Management Program will provide the following health services:

- Access to the school nurse
- Help for students with asthma in following their asthma action plans
- Asthma education for all students in grade(s) _____
- Asthma in-service training for all school staff
- Indoor Air Quality (IAQ) Tools for Schools to promote a healthy environment

Your child has had medication to treat asthma at school or you have reported that your child has asthma. Minnesota health officials are encouraging the sharing of a written asthma action plan (AAP) between parents and caregivers of children with asthma. AAPs help children and adolescents with asthma, their parents and their healthcare professionals manage and prevent asthma symptoms by providing crucial information to those who come in contact with, or care for, them.

Please consider completing the attached information sharing consent form which will allow school health staff to request an AAP and other information regarding your child's asthma care from your child's health care professional. The AAP will take the place of the medication authorization form for these emergency medications.

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

- Meet with teachers to setup expectations for maintaining communication and continuity during absences.
- Prepare your child. Discuss and rehearse the medication plan; discuss 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 plan.
- Keep your physician up to date on school services and supports for helping your child manage his or her asthma.

Thank you for working with us to assist your child.

Sincerely,

Principal (signature)

School Nurse (signature)