

SCHOOL TEMPLATE

Parent or Guardian Request for Consent

(SCHOOL DISTRICT LETTERHEAD TO GO HERE)

Dear Parent,

Your child, _____ (*Child's Name*) has been identified as having asthma either by a school health update that you filled out or by a physician's diagnosis on a medication authorization form. Because the health of our students is important to us, (*School name(S)*) is working with health care professionals and local public health on ways to help students who have asthma.

To help us keep the most up-to-date records, please complete the following question:

My child has had to use asthma medication within the last 2 years. ___ Yes ___ No

If you checked No:

The status of your child's asthma will be changed to inactive. Care will still be provided if the need would arise, but there is no need to fill out the consent. Please sign and date in the spaces provided below and return to (*School name(S)*).

If you checked Yes:

The [*School name(S)*] would like your permission to communicate back and forth with your health care provider about your child's asthma. A consent form has been enclosed for you to sign and return to (*School name(S)*). By signing this consent you are giving the school and your doctor permission to share information **only about asthma related issues**. You will be notified when we talk to your provider. The consent will be good for one year and then must be renewed. You may stop the consent at anytime in writing. If you choose not to sign the consent (*School Name (S)*) will still treat your child to the best of its ability with the information that has been provided to us.

Please indicate your level of participation. Sign and date in the spaces provided below and return to (*School Name (S)*).

___ I have filled out the attached consent form.

___ At this time I do not wish to participate.

Please contact your school nurse with any questions.

Child's Name _____

Parent/Guardian signature _____ **Date** _____