



Dear CSS Families,

Thank you for completing your student's medical forms over the summer. I am requesting additional information today because you have indicated that your student has some degree of asthma and/or allergy.

I ask that if your physician has recommended an emergency medication such as an albuterol inhaler or EpiPen, please make sure that we have this medication on campus. You will also need to return the Permission for Medication form with this medication.

The care plan will need to be returned as quickly as possible. By completing this today, you are helping the faculty and I to provide the most secure environment possible for your child. Copies of care plans are kept not only with the classroom teacher and school nurse but they are also distributed to all specials teachers (music and art, for example) and substitutes.

Thank you for your time. I am available Monday through Friday. My office is upstairs in the Carriage House, or you can reach me at extension #120. I look forward to working with you throughout the year.

Sincerely,  
Leigh Saulsbury  
CSS School Nurse



## ASTHMA CARE PLAN

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Classroom teacher/advisor: \_\_\_\_\_

required picture

Parent/guardian contact: \_\_\_\_\_ cell \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ phone \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Symptoms of most concern for this student are:

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Nearly 5 million children have asthma. It is the leading cause of school absence in the United States. For students with poorly controlled asthma, it is not uncommon to miss many days of school. Please take the time, to help us understand how your student manages his/her asthma symptoms.

- Student takes daily medication for asthma:    yes \_\_\_\_\_    no \_\_\_\_\_  
Name of medication (s) \_\_\_\_\_
- Has student ever been hospitalized for asthma?    yes \_\_\_\_\_    no \_\_\_\_\_  
How many times? What year? \_\_\_\_\_
- Does student carry albuterol inhaler for emergencies?    yes \_\_\_\_\_    no \_\_\_\_\_
- If student is in Children's School this year, will student keep inhaler with the teacher?    yes \_\_\_\_\_    no \_\_\_\_\_  
Does student know how to use inhaler?    yes \_\_\_\_\_    no \_\_\_\_\_
- Does student use a Peak Flow Meter?    yes \_\_\_\_\_ no \_\_\_\_\_  
Will Peak Flow Meter be kept on campus?    yes \_\_\_\_\_    no \_\_\_\_\_
- Please advise us of peak flow readings, or symptoms, which are of concern for your student. You may use the space below.
  1. Peak flow readings should be between \_\_\_\_\_ and \_\_\_\_\_. No additional medication or treatment is necessary.
  2. If peak flow readings are between \_\_\_\_\_ and \_\_\_\_\_, or the student is \_\_\_\_\_  
\_\_\_\_\_ (please describe symptoms),  
the student will require additional medication.  
He/she uses \_\_\_\_\_ inhaler (name of medication); \_\_\_\_\_ puffs.
  3. Student should respond to medication in \_\_\_\_\_ minutes.
- Additional information or concerns:  
\_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date \_\_\_\_\_