

Dear Parent,

You stated that your child has asthma. The law requires we have a doctor's signature and authorization for the following:

1) If a student requires an inhaler/meds to be at school, we must have:

- A medication authorization filled out and signed by the doctor and the parent
- An Asthma Action Plan completed and signed by the doctor

2) If a student **Does Not** bring an inhaler/asthma meds to school but uses them at home, we must have:

- An Asthma Action Plan completed and signed by the doctor

3) If a student is not currently under the care of a doctor and takes no medication for asthma:

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- If your child has Asthma, but is not currently under the care of a doctor for their Asthma & requires no medicine for Asthma, please check the statement below & sign where indicated.

____ My child, _____, is not currently under the care of a doctor for Asthma & is currently taking no medication for Asthma. I acknowledge being informed of the

Asthma Law. If my child's health status changes & a diagnosis of Asthma/if treatment is started, I understand that I am required to provide the school with the above information.

Date: _____

Parent/Guardian: _____