Date: [Date]

To: [School Name] / [School Nurse Name]
From: [Parent/Guardian Name]
Subject: Asthma Medication Authorization and Return to School

Dear School Administration,

This letter is to inform you that my child, [Student Name], in grade [Grade/Class], is cleared to return to school on [Return Date] following a recent asthma-related event.

To ensure my child's safety, the following medication(s) must be available at school:

- Medication Name: [e.g., Albuterol]
- Dosage: [e.g., 2 puffs]
- Frequency: [e.g., Every 4 hours as needed for wheezing/shortness of breath]

Please indicate the selected option for medication storage:

- [ ] My child will carry their rescue inhaler at all times and is trained to self-administer.
- [ ] The medication will be kept in the school health office for supervised administration.

Attached you will find the Asthma Action Plan signed by our healthcare provider, [Doctor's Name], which outlines specific triggers and emergency protocols.

If you have any questions or if my child experiences respiratory distress, please contact me immediately at [Phone Number].

Sincerely,

[Signature]
[Parent/Guardian Printed Name]
[Secondary Contact Phone Number]