Date: [Date]

To: [Daycare Name/Director Name]

Re: [Child's Full Name]
Date of Birth: [Child's Date of Birth]

To Whom It May Concern,

[Child's Name] is currently under my medical care for the management of asthma. This letter serves as medical clearance for the child to attend daycare and participate in all routine physical activities, including outdoor play.

Maintenance Medications:
The child takes the following daily medications at home: [List medications or write "None"].

Rescue Medications for Daycare Use:
In the event of wheezing, coughing, or shortness of breath, please administer:
Medication: [e.g., Albuterol]
Dosage: [e.g., 2 puffs via spacer / 1 nebule via nebulizer]
Frequency: Every [Number] hours as needed.

Asthma Triggers:
Known triggers include: [e.g., Pollen, cold air, exercise, dust].

Emergency Instructions:
Please contact the parent/guardian immediately if rescue medication is administered. Call 911 if the child experiences severe respiratory distress, blue lips/fingernails, or if symptoms do not improve after using the rescue inhaler.

A formal Asthma Action Plan is [Attached/Not Attached].

If you have any questions regarding this management plan, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Clinic/Practice Name]
[Address]
[Phone Number]