

[Date]

To the Parents/Guardians of [Patient Name],
Date of Birth: [DOB]

Dear [Parent/Guardian Name],

This letter confirms that [Patient Name] has successfully completed the Pediatric Asthma Management Program. Based on our final assessment, your child's asthma is currently well-controlled, and you have demonstrated the necessary skills to manage their condition at home.

Summary of Care:

- Review of asthma triggers and environmental control.
- Training on correct inhaler and spacer technique.
- Completion of a personalized Asthma Action Plan.
- Education on identifying "yellow zone" and "red zone" symptoms.

Ongoing Management:

Although your child is discharged from this specific program, asthma requires lifelong monitoring. Please ensure you do the following:

- Keep your **Asthma Action Plan** in a visible place (share copies with school/daycare).
- Ensure **Rescue Medications** (e.g., Albuterol) are always available and not expired.
- Continue **Controller Medications** as prescribed, even when your child feels well.
- Schedule regular follow-up appointments with your primary pediatrician every [3/6] months.

When to Seek Urgent Medical Care:

Seek immediate medical attention if your child exhibits any of the following:

- Difficulty breathing or chest tightness that does not improve with rescue medication.
- Hard coughing that will not stop.
- Skin pulling in around the ribs or neck when breathing (retractions).
- Blue or gray tint to the lips or fingernails.

It has been a pleasure working with your family. If you have any questions regarding this discharge, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Title/Department]
[Clinic/Hospital Name]