Date: [Insert Date]

To: [School Nurse / Childcare Provider / Family Member Name]
From: [Parent/Guardian Name]
Re: Updated Asthma Action Plan for [Child's Name]

Dear [Name],

Please find attached the updated Asthma Action Plan for [Child's Name], dated [Date of Plan]. This plan has been reviewed and signed by [Child's Doctor's Name].

Key updates to the care plan include:

- **Daily Controller Medication:** [List changes or state "No change"]
- **Rescue Medication:** [List changes or state "No change"]
- **Known Triggers:** [List any new triggers, e.g., seasonal allergies, exercise]
- **Emergency Contacts:** [List any updated phone numbers]

Please ensure that all staff members who interact with [Child's Name] are aware of these updates. We have provided a fresh supply of [Name of Inhaler/Medication] with an expiration date of [Expiration Date] to be kept on-site.

If you have any questions regarding these changes, please contact me at [Your Phone Number] or [Your Email].

Thank you for your assistance in managing [Child's Name]'s health.

Sincerely,

[Your Signature]
[Your Printed Name]