

Date: [Date]

To the Parent/Guardian of: [Student Name]

Subject: Asthma Action Plan Review Follow-Up

Dear Parent/Guardian,

I have reviewed the Asthma Action Plan provided for [Student Name] for the current school year. After reviewing the document, I require the following information or actions to ensure your child's safety at school:

- ☐ The provided Asthma Action Plan is incomplete. Please ensure all sections are filled out.
- ☐ A healthcare provider's signature is missing from the form.
- ☐ A parent/guardian signature is missing from the form.
- ☐ The quick-relief medication (inhaler/nebulizer) listed on the plan has not been delivered to the health office.
- ☐ The medication provided expires on [Date]. Please provide a non-expired replacement.
- ☐ There is a discrepancy between the doctor's orders and the medication labels provided.
- ☐ Other: [Specific Details]

Please provide the requested items or information by [Due Date]. Students with asthma must have an updated plan and available medication on file to participate in certain school activities and to ensure immediate care during respiratory distress.

If you have any questions or if there have been recent changes to your child's asthma management, please contact the health office at [Phone Number] or [Email Address].

Sincerely,

[Nurse Name], RN

[School Name] School Nurse