



800 South Taft Avenue • Loveland, CO 80537 • Office (970) 613-5065 • Fax (970) 613-5156

Dear Parent,

Our health office records show that your child has asthma. If this is a current health concern, please complete and return the following forms included in this packet to the school's health office at your earliest convenience (faxed copies of the following forms are accepted):

- The Colorado School Asthma Care Plan (for physician or health provider completion and parent signature).
- The Thompson School District (TSD) Permission for Medication Form (parent's signature required).
- The School Information Form for a Student with Asthma or Breathing Problems (for parent completion, only).

If asthma is no longer a current health concern or one that has resolved, please contact me with this information and I will update your child's health records accordingly.

All medications used at school are required to be in the original labeled container, within the date of expiration, and in accordance with the district's medication policy.

The information from the above forms will be shared with adults in the school setting who work with your child, including his/her classroom and physical education teachers. Health monitoring and medication use and supervision at school may be the responsibility of a variety of staff members trained by the school nurse in accordance with the Colorado School Asthma Care Plan provider orders.

The health office staff (school nurse and health aide) greatly appreciates your help in this matter.

Sincerely,

School Nurse

Voice Mail # (970) 613-_____

School Fax # (970) 613-_____

Enclosures (2)

Primary 4/2010