

Asthma

Dear Parent/Guardian,

You have been sent this letter because you have indicated that your son/daughter has asthma on a school health history that is annually completed each school year. You may have indicated the condition this school year or sometime in earlier school years.

Attached you will find an Asthma History Form which will need to be completed and signed by your child's physician and by you. This form will allow us to be aware of your child's specific symptoms and care should the need arise.

House Bill (HB) 1688 allows a student with asthma to possess and self-administer prescription asthma medicine while on school property or at a school-related event or activity if:

1. The prescription asthma medicine has been prescribed for the student indicated by the prescription label on the medicine;
2. The self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider;
3. A parent of the student provides the school a written authorization, signed by the parent, for the student to self-administer prescription asthma medicine; and
4. A parent of the student provides to the school a written statement from the student's physician or other licensed health care provider, signed by the physician or provider that states:
 - That the student has asthma and is capable of self-administering the prescription asthma medication;
 - The name and purpose of the medicine;
 - The prescribed dosage for the medicine;
 - The time at which or circumstances under which the medicine may be administered; and
 - The period for which the medicine is prescribed.

The physician's statement must be kept on file in the office of the school nurse. A person standing in parental relation to the student or the student himself, if over the age of 18, may give permission to use an asthma inhaler under these guidelines.

Attached is a form to complete if you want your child to self-administer his/her asthma medication. These forms are being sent to the parents of students with asthma or has had a history of asthma documented on the annual Health History Form. We are sending this form to parents that have a child attending Tidehaven Intermediate School or Tidehaven High School.

For children with asthma that attend *Blessing Elementary School* or *Markham Elementary School*, please contact the school nurse for a form.

A parent still has the option to have the asthma medicine stored in the school office and have it administered by the school nurse and/or office person.

Lori Palomares, R.N.

District Nurse

Tidehaven High School

979-843- 4310 ext. 206

Markham Elementary School

979-843-4340

Renee Smith, L.V.N.

School Nurse

Tidehaven Intermediate School

979-843-4320 ext. 206

Blessing Elementary School

979-843-4300 ext. 402