



ASTHMA SUPPLY CHECKLIST

Dear Parent/Guardian,

For the current school year please find below a helpful checklist that your child may need during the school day.

_____ Asthma Inhaler(s)

_____ Spacer

_____ Asthma Action Plan from your child's healthcare provider

_____ Parent/Guardian Medication Permission Form

Please bring the items listed above, labeled with the students name, to the nurse's office to be reviewed.

Thank you for your cooperation and continued support.

Sincerely,

The Certified School Nurses