



Summer Plans: Family / Caregiver Asthma To-Do List

Student's Name: _____

Date of Visit: _____

Thank you for participating in the Better Asthma Control for Kids! The program's goal is to help your child control his/her asthma. We want your child to have the same opportunities as other children to learn, grow and be physically active. To achieve this goal, we need your help. Please review the list of actions below to be ready for the upcoming school year.

- Arrange for your child to be seen by their health provider this summer** for an asthma assessment. This will ensure that your child is receiving appropriate treatment for their asthma, and allow you to get the following items for Fall Registration.
 - At back to school time, provide the school nurse with;
 - A non-expired **quick relief inhaler** (Albuterol, Proventil, Ventolin or ProAir) in its original packaging with pharmacy label and a **spacer**.
 - The **Colorado Asthma Care Plan and Medication Order for Schools and Childcare Settings** completed this summer (signed by health care provider).

School Nurse's Notes:

Sincerely,

E-mail: _____

Phone: _____

Fax: _____



For more information about asthma, please visit Coloradokidswithasthma.org OR scan the QR code

For school nurse: Please enclose the following items with this letter:

- Colorado Asthma Care Plan