

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 Action Plan from your child's healthcare provider and signed by doctor AND parent.

____Inhaler (S)

____ Spacer

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

Thank you for your cooperation, The School Nurses