

**PLYMOUTH JOINT SCHOOL DISTRICT
HEALTH OFFICE**



Anne Nelson, RN, BSN
Early Childhood – 5th Grade
annelson@plymouth.k12.wi.us
892-2661, Ext. 4520 or 2105

Sara Stout, RN, BSN
6th Grade – 12th Grade
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892-2661, Ext. 1100 or 2105

District Nurses

Dear Parent/Guardian,

Asthma is the number one cause of school absences. Time lost from school may affect grades, academic performance, self-esteem, and future life successes. The following forms are needed to help us best accommodate and school staff assist with the management of your child's asthma:

1. **Asthma Health Action Plan** - This plan will make us aware of your child's triggers and warning signs so we know best how to treat your child's asthma episodes. This plan will be used during any emergency and accompany your child off school grounds. If you would like your child to carry their inhaler, please indicate so on the Asthma Health Action Plan and Medication Authorization Form.
2. **Medication Authorization Form** - Complete a Medication Authorization Form for each medication to be carried or used at school.
 - If your child needs an over-the-counter medication while at school, such as an antihistamine, parent authorization is all that is required. Complete and sign the top portion of our Medication Authorization Form and bring this and the medication to your school office.
 - If your child will need an inhaler at school, we need you to complete and sign the top and have your health care provider complete and sign the bottom portion of the form. Your healthcare provider should indicate if your child can carry their own inhaler and if they need to use a spacer or aero-chamber. If your child will carry their own inhaler, it is ideal to provide 2 inhalers so a spare can be left in the health room or school office. The inhaler will be labeled with your child's name and kept secure.

This paperwork must be completed yearly before the first day of school. Once complete, please return these forms while dropping off any medication to your school office. You may also mail or fax these forms to your school. It is important that you notify your school nurse and your child's healthcare provider if there are any changes during the school year so that we can revise your child's Asthma Health Action Plan. Please feel free to call us if you would like to discuss your child's condition or need help completing these forms. Thank you for your time.

Sincerely,

Anne Nelson, RN

Sara Stout, RN

Fairview Elementary 300 Salem Drive Plymouth, WI 53073 Fax: 892-5071	Horizon Elementary 411 S. Highland Ave. Plymouth, WI 53073 Fax: 892-5073	Parkview Elementary 500 Parkview Drive Plymouth, WI 53073 Fax: 892-5077	Riverview Middle School 300 Riverside Circle Plymouth, WI 53073 Fax: 892-5072	Plymouth High School 125 Highland Avenue Plymouth, WI 53073 Fax: 892-5070
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