School Headed Paper

 (School details here)

Dear Parent/Guardian,

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This letter is to highlight some observations about your child’s asthma that may help when discussing their care with your asthma nurse or doctor.

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| Observations of Asthma Control/Symptoms/Exercise Tolerance |
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Based on the above information/observations, we would recommend an appointment is made as soon as possible with your asthma nurse or doctor to review their asthma care. If any changes are made to their personal asthma action plan or treatments, we would be grateful if you could provide a copy and any new medications/spacers with their name and date of birth labelled.

Yours sincerely,