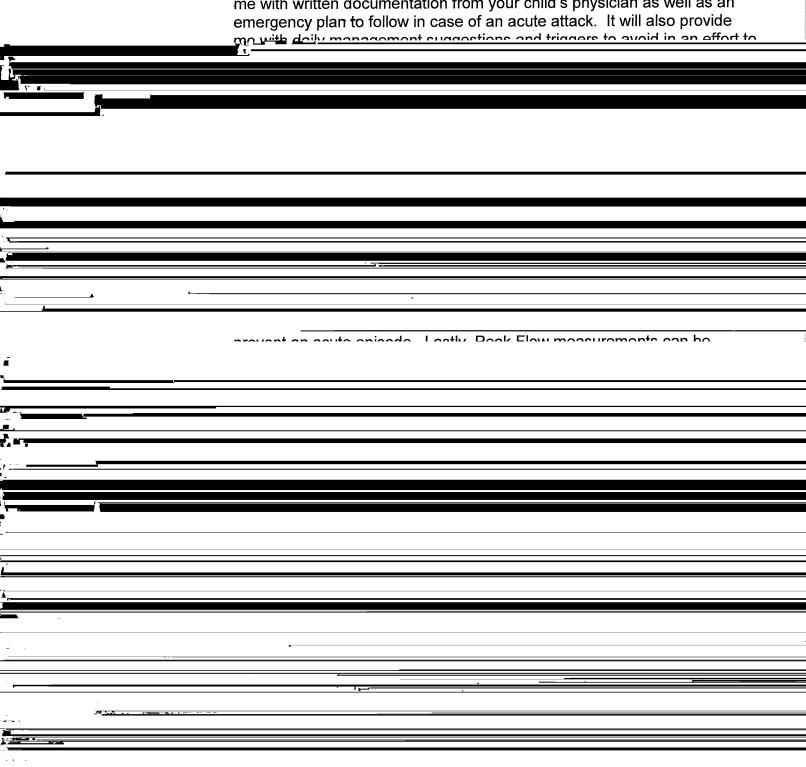
Dear Parents,

According to my health records, your child has asthma. It is my goal to provide your child with the best possible care while at Legend Springs School. In an effort to achieve this goal, I have enclosed a Student Asthma Action Plan (also available on my website). This plan provides me with written documentation from your child's physician as well as an emergency plan to follow in case of an acute attack. It will also provide the deliver passes and triggers to avoid in an effort to



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Daily Asthma Management Plan

	Peak Flow Monitoring Green Zone (Student'	s breathing is good.)	Readings			
1 A A A A A A A A A A A A A A A A A A A	23	4				
	Daily Medication Plan Name	Dos	e Freque	ency		
		<u>-</u>				
	List any environmental	control measures, pre-medi	cations, and/or dietary restr	ictions that		
	Control of School Env	ironment				
	Comments					
	Exercise Chalk dust/ dust Animals Food	Strong odors or fumesChange in temperaturePollens Other	Respiratory inRespiratory in theMold	nfections room		
-	Identify the things which start an asthma episode. Check each that applies to the student.					