

YORKTOWN CENTRAL SCHOOL DISTRICT
2723 Crompond Road
Yorktown Heights, NY 10598

Dear Parent or Guardian,

Our school district will be participating in "The Pediatric Asthma Management Program for Schools," sponsored by *Hudson Valley Hospital Center (HVHC)*.

In an attempt to aid the growing number of asthmatic children in Westchester County and Putnam County, the HVHC has partnered with local schools to provide needed equipment and training.

The programs two main foci are:

1. To educate the school nurses and give them the appropriate tools to run an asthma management program.
2. To decrease the number of emergency medical visits for the children with asthma thus increasing the number of children whom are able to return to class.

Each of our schools has received a compressor, nebulizer handsets, peak flow meters, medication and instruction.

As part of this program we are recommending that all students with a history of asthma have on file with us a physicians order for **PRN Albuterol treatments, via nebulizer**. We will also ask you to complete an "Asthma Action Card" with a "consent to treat" for parents/guardians to sign and return with their physicians order.

If your child has ever had a history of asthma and you wish to participate in this program, please contact your school nurse at the phone number listed below, so that she can mail you the appropriate forms for the "Asthma Management Program."

For further information about "The Pediatric Asthma Management Program for Schools," please call Scott Coldwell at HVHC at 914-734-3810.

Thank you for your assistance and support.

Sincerely,

Yorktown School Nurses

French Hill	243-8092
Brookside	243-8135
Mohansic	243-8165
Crompond	243-8145
MESMS	243-8120
High School	243-8080

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STUDENT ASTHMA ACTION CARD

Name _____ Grade _____ Age _____

Teacher _____ Room _____

Parent/Guardian _____ Phone (H) _____

Address _____ Phone (W) _____

Emergency Phone Contact _____

Name Relationship Phone

Physician Student Sees for Asthma _____ Phone _____

Other Physician _____ Phone _____

Peak Flow Monitoring: Personal Best Peak Flow _____

Daily Medication Plan

	Name	Amount	When to use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Special Instructions or Comments:

For Inhaled Medications:

- 0.5cc Albuterol & normal saline from a nebulizer if needed.
- (Other Medication) _____
- Student has been instructed in the use of his/her inhaler medication and is allowed to carry inhaler medication and use that medication by him/herself.

Physician's Signature Date

Parent's Signature Date