

**TO: Parents FROM: Susan Neeley, Director of Health Services**

**PARENT NOTIFICATION**

This is to inform you that there is a law, House Bill 496, GS 115C-375.2, adopted in April 2005. This law requires that local school boards adopt a policy permitting students with asthma to possess and self-administer asthma medication during the school day. You can find detailed information about this law and the recommended guidelines at the following web addresses:

[http://www.aanma.org/pdf/ch\\_bill\\_northcarolina.pdf](http://www.aanma.org/pdf/ch_bill_northcarolina.pdf)

<http://www.dpi.state.nc.us/>

<http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2005&BillID=H496>

Attached you will find the Gaston County Schools Asthma Care Plan. Please bring the completed care plan forms and all necessary supplies to school at the beginning of the next school year.

You can help us keep your child as safe as possible by completing and returning the following to the school nurse at the beginning of the school year or as soon as possible:

- 1) "Physician Order and Treatment Plan" form to be completed by doctor and parent.
- 2) "Parent Responsibilities" form to be reviewed and signed by parent.

**NOTIFY TEACHER AND OFFICE OF ANY INFORMATION CHANGES.**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Bus or car rider?** \_\_\_\_\_ **Bus #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Exercise/activity modifications related to asthma? Yes or No**

**(If yes, MD order required – see Physician's Order and Treatment Form)**

**List your child's asthma triggers:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have questions, I can be reached at 704-866-6264. Thank you for your cooperation as we work together to meet your child's needs. If you have questions or need to speak with the school nurse, please call the school.

Asthma Parent Notice

**A : Padres**

**De: Susan Neeley, Director de Health Services**

**NOTIFICACION PARA PADRE**

Esto es para informarle que hay una ley, House Bill 496, GS 115C-375.2, adoptada en Abril 2005. Esta ley requiere que las juntas escolares locales adopten una política permitiendo a los estudiantes con asma poseer y auto administrarse la medicación para el asma durante el día escolar. Usted puede encontrar información detallada sobre esta ley y las pautas recomendadas en las siguientes direcciones del internet:

[http://www.aanma.org/pdf/ch\\_bill\\_northcarolina.pdf](http://www.aanma.org/pdf/ch_bill_northcarolina.pdf)

<http://www.dpi.state.nc.us/>

<http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2005&BillID=H496>

Adjunto usted encontrará el Plan de Cuidados de Asma de las Escuelas del Condado de Gaston. Por favor traiga los formularios del plan de cuidado completos y todos los suministros necesarios a la escuela al comienzo del próximo año escolar.

Usted puede ayudarnos a mantener a su niño(a) lo más seguro posible completando y devolviendo lo siguiente a la enfermera de la escuela al comienzo del año escolar o lo más pronto posible:

- 1) "Formulario de Orden Médico y Plan de Tratamiento" para ser completado por el doctor y padre.
- 2) "Formulario de Responsabilidades de Padres" para ser revisado y firmado por el padre.

NOTIFIQUE AL MAESTRO Y A LA OFICINA DE CUALQUIER CAMBIO DE INFORMACIÓN.

**NOMBRE DEL ESTUDIANTE:** \_\_\_\_\_ **FECHA DE NACIMIENTO:** \_\_\_\_\_

¿SEI V \_\_\_\_\_ r ÓN"