

**MERIDIAN PUBLIC SCHOOL
BOX 190
Daykin, Ne 68338**

Randy Kort, Superintendent

Harold Scott, Principal

2015-2016 School Year

Dear Parents / Guardians:

In order to comply with current state law, we need information from you about your child. The law requires that we have a plan in place for each child diagnosed as asthmatic or a child who has a diagnosed history of significant allergies. Please help us so that we may better serve your child's health needs.

Student's Name _____ Grade _____

Please circle:

- | | | |
|---|-----|----|
| 1. Student named above is diagnosed asthmatic. | Yes | No |
| 2. If the answer to question #1 is yes, | | |
| • Does the student have a currently diagnosed inhaler? | Yes | No |
| • My child can self-administer. | Yes | No |
| 3. Is the student currently taking any medication for asthma? | Yes | No |
| • List the medication and dosage. _____ | | |
| 4. Is the student named above diagnosed as having allergies? | Yes | No |
| 5. If the answer to question #4 is yes, | | |
| • Does the student currently receive shots or medication? | Yes | No |

Thank you for your assistance. If you answered "yes" to item #1 or #4, the school nurse will contact you in order to discuss a management plan of action for your child.

Parent Name _____

Parent Signature _____