Dear School Administrat	tor,		
We are writing on behalf of who has been diagnosed with asthma. We, his/her parent/guardian and his/her pediatrician, have discussed the following accommodations, which will help him/her to succeed at school. Please see the checked items below. We hope this information will help with creating this child's 504 Plan.			
☐ Child can self admini☐ Child must carry thei	their quick relief asthma r ister their asthma quick re r asthma quick relief med nust be given a copy of th	elief medication without assistance	
	should be kept free of all	fur bearing pets elevator when necessary due to breathing problems	
Physical Modifications Needed: Child should be allowed to self monitor his/her activity level in physical education class Child should have their quick relief inhaler available when participating in gym or physical activities Child should have early access to the building when temperatures or wind chill are below 25° or above 85° Child should not participate in outdoor physical education or other outdoor activities when temperatures or Wind chill are below 25° or above 85° On poor air-quality days, the child should be kept inside and not participate in outdoor physical education and other outdoor activities.			
Additional Modifications	Needed:		
exacerbations, and plea		noom modifications as needed to prevent asthma her of us with any questions.	
Thank you,			
Providers' Information:			
Address:			
City:	State:	Zip:	
Phone:	Fa.	x:	
Provider's Signature			
This letter serves as m	y informed consent to	start a 504 evaluation for my child.	



Parent's Signature