Dear Dr. _____:

In order for your patient(s) to excel academically in our school district, they must have a safe and healthy environment in which to live, learn, and play.

Our school is currently working with the Louisiana Department of Health Well-Ahead Louisiana Asthma Control Program to decrease school absenteeism for your patients living with asthma, as well as increase their ability to maintain and control their asthma during the school day.

To provide the best possible school asthma management for your patient, we request your assistance with the following:

1. Please complete and sign an asthma management plan or asthma action plan for your patient and ensure it is signed by the patient's caregiver and patient (as applicable).
2. Please complete and sign the attached Medication Administration form for any medication that is administered in school to allow the student to carry and administer their asthma inhaler and/or epinephrine pen.
3. Maintain communication with the school nurse regarding the needs of your patient.
4. Assist in connecting your patients to the WAL Asthma Control Program.
    a. This is a program that allows patients to receive free asthma education and management support, home or virtual environmental assessments, medication adherence monitoring, and referrals to social or clinical services as needed.
    b. For more information, call 1-844-522-4323, email wellahead@la.gov, or visit our website at wellaheadla.com/prevention/asthma/.

Thank you for working with us to assist your patient. We look forward to a great partnership providing care for your patient and our students.

Sincerely,

School Nurse