



San Diego Unified School District

STUDENT SERVICES OFFICE
2351 Cardinal Lane, Annex B, San Diego, CA 92123-3743

(858) 627-7580
Fax: (858) 627-7444

Nursing and Wellness Program

_____ School

Off-Campus Integrated Learning
Experiences (OCILE) Program

_____ **Old Town Program – 4th grade**

Nurse – Telephone : (619) 293-4432
Fax : (619) 298-1549

_____ **Balboa Park Program – 5th grade**

Nurse – Telephone : (619) 293-4459
Fax : (619) 686-6780

Dear Parent/Guardian:

Your child is scheduled to attend the program noted above on _____ and has a reported history of asthma. If your child uses an inhaler for asthma, at any time, it is required that they have it at the program. Increased exposure to the environment, along with increased exercise, often activates asthma. It is important for the nurses of these outdoor programs to have current information. Please complete the following and return as soon as possible to your school nurse.

Student's Name: _____

_____ My child no longer has asthma

_____ My child has mild asthma but does not require an inhaler while at the program

_____ My child has asthma. I will send medication(s)

I will send these medications to school for the OCILE program:

Inhaler Name: _____ Dose: _____ Frequency: _____

Oral Medication: _____ Dose: _____ Frequency: _____

Pulmonaide Machine: _____

(Medications must be labeled with child's name and instructions)

I give permission for the school nurse or designee to administer the medication as indicated above.

Parent/Guardian Signature: _____ Date: _____

Home Telephone #: _____ Work Telephone #: _____

Doctor's Name: _____ Telephone #: _____