

Las Virgenes Unified School District  
Health Services

ASTHMA INFORMATION/INSTRUCTIONS  
for PHYSICAL EDUCATION

Date: \_\_\_\_\_

Dear Physical Education Instructor:

\_\_\_\_\_ is under medical care for Asthma.  
Student's full name

Because physical exercise is both physically and psychologically important, information and instructions concerning this student's participation in physical education are being provided to assist in ensuring a safe and healthy physical education experience for this student.

1. This student should be permitted to remain in regular PE classes and should be able to engage in regular PE activities most of the time. However, during asthma episodes (characterized by cough, wheeze, shortness of breath), activities may have to be temporarily curtailed.
2. Each student with asthma has a different limit of tolerance to exercise. Please permit this student to set his/her own pace on a daily basis. In particular, this student may have difficulty running laps and playing competitive soccer and basketball; please do not force this student to do so, but allow him/her to participate at a comfortable level.
3. Warm-up exercises are often useful in warding off wheezing episodes.
4. We do not wish the student with asthma to feel different. Please do what is necessary toward accomplishing this end.
5. If a problem with endurance is noted, please permit this student to take his/her prescribed medication before participating to help prevent symptoms.
6. In case of breathing difficulty, reassure and calmly speak to this student. Allow the student to take his/her medication as prescribed. If the treatment is ineffective or symptoms are severe, immediately notify the school Health Clerk or designated school personnel responsible. The parent should be notified as soon as possible.
7. Special instructions: \_\_\_\_\_

Your support is appreciated.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone