



Barre City Elementary & Middle School

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PERMISSION FOR STUDENT'S TO CARRY INHALERS IN SCHOOL

Parent/Guardian:

If your child is to self administer their medication for a chronic health condition at Spaulding High School, it will be necessary to have your child's physician and yourself complete this form. This form must be returned to the school. Please contact the school nurse at 476-4145 if you have any questions.

PHYSICIAN'S STATEMENT: In my opinion, _____ (Student's name) is knowledgeable and responsible enough to carry and use his/her own inhaler during the school day in order to control his/her asthma. The student has been taught proper use of the inhaler, knows when to use it, and is aware of potential side effects.

Name of inhaler _____

Number of years student has had asthma _____

Any special considerations the school nurse should be aware of _____

Signature of physician _____ Date _____

Parent/Guardian Statement: I give my permission for my son/daughter
_____ to carry and use the above named inhaler during the school day.

Signature of parent/guardian _____ Date _____

"Doing Whatever It Takes to Ensure Success for Every Child"