

Henry P. Becton Regional High School
120 Paterson Ave., East Rutherford, NJ 07073

ASTHMA/ALLERGY INFORMATION LETTER

School Year: _____ Grade: _____

To the Parent/Guardian of: _____

School records indicate that your child had been diagnosed with:

Asthma and/or Allergic Reaction

- A. If your child **REQUIRES** medication in school for these conditions, you **MUST** have the attached forms completed and returned to the Nurse's Office. The forms require completion by a physician, a parent/guardian, and the student if he/she has permission to self-administer the medication. **Asthma inhalers and epinephrine automatic injectors (Epi-pen) are the ONLY allergy medications allowed to be self-administered in school.** These forms must be completed each school year, and also if your child's medication changes during the school year.
- B. If your child **DOES NOT** require medication in school for asthma/allergies, please sign below and return this paper to the Nurse's Office.

**SIGN AND RETURN THIS FORM ONLY IF STUDENT NO LONGER
REQUIRES MEDICATION**

Parent/Guardian Signature

Date

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It remains the parent/guardian responsibility to:

- Update the nurse as necessary on any changes in the child's medical condition or medication
- Obtain and return ASTHMA FORMS or ALLERGY FORMS each school year
- Supply the school with prescribed medication and/or nebulizer supplies (compressor machine is available in school)
- Update the main office/nurse's office of changes in emergency contacts, and home, work, or cell phone numbers.

Please call the nurse's office if you have any questions regarding medication or other health issues. Thank you for your cooperation as we assist you in caring for your student.

School Nurse

Phone Number