

# UPPER PERKIOMEN SCHOOL DISTRICT

2229 East Buck Rd, Pennsburg PA 18073

Student Name: \_\_\_\_\_

Dear Parents/Guardian,

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

If you have stated on your child's emergency card and/or it is noted on his/her health record that he/she has **asthma:**

1. Does this remain a current problem?    Yes    No    (Circle one)
2. Does it require the use of an inhaler?    Yes    No    (Circle one)

**If your child needs to take medication (prescription or over-the-counter) in school, the Upper Perkiomen School District requires that a current physician's order be submitted each year for the student's health record. As a reminder, this includes Analgesics such as Tylenol and Ibuprofen (School Stocks Tylenol 325 mg tablets & Ibuprofen 200 mg tablets). Please have your physician complete the form below only if a medication is needed for use in school. (This can serve as the order/prescription).**

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

The student has been taught to use the inhaler and **MAY CARRY** and self-medicate \_\_\_\_\_  
Physician's Initials

All medications must be in the original container with the student's name and correct dose on the label. **Please return this information, along with the above medication, to the school nurse as soon as possible. Students are not permitted to carry medication to/from school for any reason unless a physician has signed above and student is of appropriate age to do so.** If you have any questions, please call the nurse at your building.

**To Be Completed by Parent/Guardian:** As parent/guardian of the above named student, I hereby request that the treatment described above be administered to my child and release the Upper Perkiomen School District and its employees from liability for any damages my child may suffer as a result of this request.

Parent Signature: \_\_\_\_\_

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