

Asthma Medication Exemption

My Child_____has a history of asthma.

At this time, he/she does not require an inhaler and he/she will not have one at school.

Therefore I understand that because my child does not have an inhaler at school the response will be general first aid in the event of an asthma emergency. First aid for an asthma event will include:

- Keeping student calm
- Encouraging slow, controlled breathing
- Having student sip warm water
- Never allowing the student to go anywhere alone
- Contacting parents
- Calling 911 if symptoms get worse

I am aware that no inhaler or breathing treatment will be available to give to my child as the school may not administer any medication without written authorization from a parent/guardian and a licensed health professional. I understand that the school board or the school district's employee cannot be held responsible for negative outcomes resulting from no asthma medication availability or self-administered inhaled asthma medications.

If my child's condition changes and an inhaler becomes necessary, I will contact the school for the proper forms.

Parent/guardian signature

Date

My Patient_____has a history of asthma but does not require an inhaler at this time. In the event of an asthma emergency at school, I understand that no inhaler will be available and basic first aid will be administered, as listed above. I understand that the school board or the school district's employee cannot be held responsible for negative outcomes resulting from no asthma medication availability or self-administered inhaled asthma medications.

Physician/LHP signature

Date

Physician/LHP written name

Phone number

School Nurse Signature

Date