



CENTRAL DAUPHIN SCHOOL DISTRICT

Department of Pupil Services - Student Health Services
600 Rutherford Rd.
Harrisburg, PA 17109
(717) 545-4703 • (717) 214-5283

PERMISSION TO CARRY AN INHALER FOR STUDENTS

Dear Parent/Guardian,

We are concerned about the safety and well being of the students who have been identified as having asthma. It is important that they have access to the medication necessary for controlling the symptoms of asthma as quickly as possible. Please indicate below how you would like the administration of inhalers handled at school. Additionally if you wish your child to carry their inhaler, please review the Student Rules with your child and have them sign Student Rules on Inhaler Use. I will review this with your son/daughter as well.

Student's Name: _____ Date: _____ Grade: _____

Name of Inhaler Medication: _____

Time to be administered: _____ Dose: _____

Name of Inhaler Medication: _____

Time to be administered: _____ Dose: _____

I give Permission for the following:

- Yes No After the School Nurse has verified proper technique my child may carry his/her own inhaler and will be responsible for having it with him/her at all times.
- Yes No My child's inhaler should be kept in the nurse's office in an unlocked cabinet (for easy access) and may have a pass stating that they are to be allowed to come to the nurse's office whenever requested.

Parent Signature Date

Student Rules on Inhaler Use

- I am responsible to take my inhaler on time
- I am responsible for bringing my inhaler to school
- I will never touch anyone else's inhaler
- I will never loan my inhaler to anyone else or invite anyone to try it

Student signature _____