

**PENNSAUKEN PUBLIC SCHOOLS  
SCHOOL HEALTH SERVICES**

Dear Parent/Guardian:

You have requested that your child be approved by his/her physician to carry their own inhaler medication for asthma. Please read the following requirements for this approval and share them with your child's physician.

1. Have the "Request for Self-Administration" form completed by your physician.
2. Sign the liability release portion of the form.
3. Obtain a second inhaler from your pharmacy or physician. This duplicate inhaler must be kept in the Health Office in case your child medication and has forgotten it or lost it. This requirement is for the health and safety of your child. Many physicians can supply you with a sample size inhaler to be kept in our office.
4. Explain to your child the responsibilities of this privilege. Every time your child uses medication in school, they are to report to the nurse for an assessment. We will contact you if there are any problems or concerns.

Please be reminded that all of these procedures must be completed prior to approval of self-medication administration of medication. If problems arise with this procedure after approval has been given, you and your physician will be contacted to determine alternative methods of delivery of this medication.

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date