



# Central Dauphin School District

## Student Health Services

### Permission to Carry Inhaler

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 an asthma exacerbation as quickly as possible. Please indicate below how you would like the administration of inhaled asthma medication handled at school.

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

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

#### **Physician Permission:**

Name of Medication: \_\_\_\_\_

- Yes       No      Student has been instructed on self-administration on above mentioned medication.
- Yes       No      Student has my permission to carry and self-administer above mentioned medication as needed for symptoms of an asthma exacerbation.

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

#### **Parent Permission:**

- Yes       No      After the School Nurse has verified proper technique and signed below, my child may carry their own inhaler and will be responsible for always having it with them.
- Yes       No      My child's inhaler should be kept in the nurse's office.
- Yes       No      My child understands that their inhaler is not to be shared with other students.

I understand that failure of my child to appropriately use their inhaler will result in the loss of privilege to carry it.

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

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

Nurse's Signature: \_\_\_\_\_

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