

ASTHMA

Your child's health record indicates that he/she has been treated for asthma in the past. Please out the information below and return it to the School Nurse.

Child's Name _____

Parent's Name _____

My child has a problem with Asthma _____

My child has no current problem with Asthma _____

Inhalers at School **Please choose one.**

___ The student reports to the Health Office where his inhale ris kept. The advantage is that the medication will be used correctly unader supervision.

___ **Qualified** students will be allowed to carry their inhalers. The advantage is immediate accessibility and less class time lost.

If my child carries an inhaler with him/her at school:

- The student agrees never to share the inhaler with another student.
- The student agrees that after two puffs of the inhaler and there is not a marked improvement, he/she will report to the School Nurses' office immediately.

I give permission for my child, _____, to carry the above-mentioned inhaler with him during the school day. I understand the above rules MUST be followed. I will notify the School Nurse of any medication changes or changes in my child's medical condition.

Parent Signature _____ Date _____

Student Signature _____ Date _____

