

SALISBURY TOWNSHIP SCHOOL DISTRICT

SCHOOL HEALTH SERVICES

Permission to Carry an Asthma 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 asthma as quickly as possible. You, and your physician, have signed the medication form stating your child may self-administer his/her inhaler without direct supervision; however your child must read, sign, and abide by the following rules to maintain this autonomy.

Student's name _____ Grade _____

Name of medication _____

Time to be taken _____

Dose _____

After the School Nurse has verified proper technique, this child may carry his/her inhaler and will be responsible for having it with him/her at all times. This situation will be re-evaluated at any time if this child misuses the medication or shows lack of handling this inhaler.

Student Rules on Inhaler Use

I am responsible to take my inhaler on time and I will write date, time and dose taken. I will notify the nurse or the coach if it is not effective.

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. If I do, I may face disciplinary action.

Student Signature _____ Date _____

School Nurse Signature _____ Date _____

Principal Signature _____ Date _____