

**Asthma Inhalers at School**

**Memorandum to Parents**

So that I may provide the best care for your child, please complete the attached form and return to me. If any changes occur during the year, please notify me.

**Option# 1** The student comes to the Nurse Clinic where the inhaler is kept and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and records will be kept.

**Option# 2** *Qualified* students will be allowed to carry their inhalers. This provides immediate accessibility of the inhaler to the student. A spare inhaler provided by the parent can be kept in the Nurse clinic should they forget theirs or run out.

Peak flow meter with individual mouthpieces are available.

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**CONTRACT BETWEEN STUDENT, PARENT, NURSE AND DOCTOR**

**For permission to carry inhalers:**

1. Student has demonstrated to the nurse correct use of inhaler
2. Student agrees to never share the inhaler with another person.
3. Student agrees that after two puffs, if there is not marked improvement, he/she will go to see the nurse immediately.

Student signature \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to carry the inhaler described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

NAME OF MEDICATION	DOSE	FREQUENCY OF USE
_____	_____	_____
_____	_____	_____

Parent's signature : \_\_\_\_\_ Date : \_\_\_\_\_  
Doctor's signature : \_\_\_\_\_ Date : \_\_\_\_\_