



Willows Intermediate School

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ASTHMA INHALERS AT SCHOOL

Memorandum to Parents

Student's Name: _____

Grade/Class: _____

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.

Thank you, Celeste Baker, R.N.

Option #1: The student comes to the nurse's office 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. A number of students keep inhalers in the nurse's office to use before PE, recess or as needed.

Option #2: Qualified students will be allowed to carry their inhalers. The advantage is that it is immediately accessible.

ALL MEDICATIONS BROUGHT TO SCHOOL MUST BE IN THEIR ORIGINAL CONTAINERS, WITH A SIGNED PARENTAL AND PHYSICIAN'S AUTHORIZATION, GIVING THE CHILD'S NAME, CLASS, DOSE AND TIME FOR MEDICATION TO BE GIVEN.

CONTRACT BETWEEN STUDENT, PARENT, NURSE AND DOCTOR (For permission to carry inhalers)

1. Student has demonstrated to the nurse the correct use of inhaler.
2. Student agrees 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 the nurse immediately.

Student Signature: _____

I give permission or 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
_____	_____	_____
_____	_____	_____

Physician's Signature _____ Date _____

Parent's Signature _____ Date _____