

please sign
and have Doctor complete
and sign and
Return to school

158 MESSER ST
PROVIDENCE, RI 02909
PHONE: 401 432-7881 FAX: 401-432-7882

STUDENTS WITH ASTHMA (7-10)

Students with Asthma frequently have the sudden onset of "Asthma symptoms" from a variety of causes, including exercise. In most cases, Asthma can be prevented or treated by inhaled medications. For many students to function normally at school, these prescribed medications must be readily accessible to the individual. Parents and physician must sign a release form allowing the student to retain these inhalers on their possession during the school day.

INHALER AT SCHOOL

STUDENT'S NAME _____ SCHOOL _____

I UNDERSTAND THE PROVIDENCE SCHOOL DEPARTMENT PROCEDURE AS STATED ABOVE AND I AGREE TO THE LIMITATIONS AS DESCRIBED IN THE PROCEDURE.

IS THE CHILD CAPABLE OF SELF-MEDICATION? YES _____ NO _____

NAME OF MEDICATION _____

DIRECTIONS FOR DISPENSING _____

SIGNATURE OF PARENT _____ DATE _____

SIGNATURE OF PHYSICIAN _____ DATE _____

PLEASE RETURN TO SCHOOL NURSE-TEACHER