Garwood Public Schools
Garwood, New Jersey

Permission for Student to Carry Inhaler

Rules

1. I give my permission for _____ to receive
(Name of student)
_____ for the school year 2010-2011.
(medication)

2. I understand that the Garwood Board of Education and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of this medication by the pupil.

3. I understand my child must have their inhaler with them at all times, especially gym, school sports practices and games.

4. I will notify the school of any changes in my child's condition and/or medication.

5. I agree to be cognizant of the inhaler's expiration date and renew the inhaler as needed.

6. I agree to share this information with employees of the Garwood Public Schools.

7. I certify this child has asthma and has been instructed on the proper administration of the medication.

8. I have read and fully comprehend the above statement.

Parent/Guardian Signature _____ Date _____

9. Student has demonstrated to the school nurse correct use of inhaler.

10. Student agrees never to share the inhaler with another person.

11. Student agrees that after prescribed puffs, if there is not marked improvement, he/she will go to see the school nurse immediately or contact the teacher in charge.

Student Signature _____ Date _____

12. In accordance with Assembly Bill #A-2600, your child will be permitted to carry his/her metered dose inhaler in order to self-medicate for an asthmatic condition with the provision that this document is signed by the parent/guardian, the physician has certified in writing the child is capable of self-administration and the forms and procedures have been reviewed by the school nurse.

School Nurse Signature _____ Date _____