

GILES COUNTY PUBLIC SCHOOLS Asthma Inhalers at School and On the Bus

Memorandum to Parents

So that Giles County Public Schools may provide the best care for your child, please complete this form and return it to the school principal, nurse or designee. If any changes occur during the year, please notify the school.

Option #1

The student comes to the 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 office and come before PE, recess, or as needed.

Option #2

Qualified students will be allowed to carry their inhalers at school and on the bus. The advantage is that it is immediately accessible. A spare inhaler provided by the parent should be kept for them in the nursing office should they forget theirs or run out.

All medications brought to school must be in their original container. Prescription medications require a parental/physician form (SB-157a) to be filled out and sent with the medication. Over-the-counter medications require written parental permission to be sent with the medication (SB-157b).

CONTRACT BETWEEN STUDENT, PARENT AND SCHOOLS For permission to carry inhalers.

1. Student is responsible for correct use of the 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 notify school personnel immediately.

Student's signature _____ Date _____

I give permission for my child to carry the inhaler described below at school and on the bus. 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.

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|---------------------------|-------------|-------------------------|
| | | |
| Name of Medication | Dose | Frequency of Use |

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|---------------------------|-------------|-------------------------|
| | | |
| Name of Medication | Dose | Frequency of Use |

Parent/Guardian's Signature _____ Date _____

Medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent/guardian of the student. Medication not picked up by the parent/guardian by the end of the school year, will be discarded. Each 'Medication Authorization' must be renewed at the beginning of each school year.