

# INHALER FORM

## PLATTSBURGH HIGH SCHOOL HEALTH SERVICES

### **DEAR PARENT:**

In accordance with the New York State Law, the listed guidelines below are to be followed by school nurses in connection with the administration of medication to students at school.

1. There must be a written order from the prescribing physician which states the name of the child, medication to be given, the purpose of the medication, time and dosage to be administered, as well as the physician's signature.
2. There must be a written request from the parent or guardian to administer the medication while the student is at school.
3. The parents are responsible for notifying the school if any changes are to be made in the administration of medication to their child.

### INHALER - SELF MEDICATION RELEASE FORM

Date \_\_\_\_\_

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

has been instructed in the proper use of the medication \_\_\_\_\_,  
(List name of medication)

for the condition of \_\_\_\_\_. The prescription reads as

follows: \_\_\_\_\_.

We, **(Physician's Signature)** \_\_\_\_\_ and

**(Parent of Guardian Signature)** \_\_\_\_\_ request

that **(Child's Name)** \_\_\_\_\_ be permitted to

carry the medication on his/her person, as we consider him/her responsible. He/she has been instructed and understands the purpose and appropriate method and the frequency of use of his/her medication.

**\*Any questions please call the High School Health Office, 561-7500, ext. 5031.**