

**RAYMOND SCHOOL DISTRICT**  
Raymond High School ~ 895-6616  
Iber Holmes Gove Middle School ~ 895-3394  
Lamprey River Elementary School ~ 895-3117

**USE OF INHALERS**

**Physician Portion:**

Date: \_\_\_\_\_

My patient, \_\_\_\_\_, is being treated  
by this office for asthma. He/She has been instructed in the proper use of the  
\_\_\_\_\_ inhaler, and should be allowed to carry it  
with him/her in school for use as directed.

\_\_\_\_\_  
Physician's Signature

Clinic Address \_\_\_\_\_  
Address City/Town State

**Parent Portion:**

I give my daughter/son, \_\_\_\_\_, permission  
to carry his/her \_\_\_\_\_ inhaler in school to be used as  
directed by his/her physician.\*

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/Guardian Signature

**\*I understand that, in accordance with the State of New Hampshire RSA 200:46 – Possession and Self Administration of Asthma Inhalers Permitted, the school nurse, or if a school nurse is not available, the school principal, shall maintain for a student's use at least one inhaler, provided by the student, in the nurse's office.**