

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

TO BE RESCINDED

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.

Adopted: September 17, 2003
Revised: June 23, 2010