Public Schools 1.S.D. 659

District Health Services Longfellow Elementary 201 Orchard St., Northfield, MN, 55057 507-645-1205, 507-645-1250 (f)

Elizabeth H. Bade, District School Nurse

## PERMISSION TO CARRY INHALER(S)

## CONTRACT BETWEEN STUDENT, PARENT, NURSE AND DOCTOR

Qualified students will be allowed to carry their inhaler(s) on their person while in school. The advantage is that it is immediately accessible. A spare inhaler provided by the parent will be kept for them in the nurse's office should they forget theirs or run out

## For permission to carry inhaler(s):

- 1. Student has demonstrated to the nurse correct use of inhaler.
- 2. Student agrees to never share the inhaler with another person.

**MINNESOTA** 

3. Student agrees that after two puffs, if there is not marked improvement he/she will go to the office immediately.

Student signature		
I give permission for my student understand that he/she must follow the rules condition.	listed above. I will notify the	to carry the inhaler(s) described below. I e school of changes in medication or my student's
NAME OF MEDICATION	DOSE	FREQUENCY OF USE
Parent's signature	Date	
School personnel signature	Date	
Doctor's signature	Date	